

Missouri

UNIFORM APPLICATION
FY 2016 BEHAVIORAL HEALTH REPORT
SUBSTANCE ABUSE PREVENTION AND TREATMENT
BLOCK GRANT

OMB - Approved 05/21/2013 - Expires 05/31/2016
(generated on 10/08/2015 10.26.25 AM)

Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

I: State Information

State Information

I. State Agency for the Block Grant

Agency Name Missouri Department of Mental Health

Organizational Unit Division of Behavioral Health

Mailing Address PO Box 687

City Jefferson City

Zip Code 65102-0687

II. Contact Person for the Block Grant

First Name Rick

Last Name Gowdy

Agency Name Missouri Department of Mental Health

Mailing Address PO Box 687

City Jefferson City

Zip Code 65102-0687

Telephone 573-751-9411

Fax 573-751-7814

Email Address rick.gowdy@dmh.mo.gov

III. Expenditure Period

State Expenditure Period

From 7/1/2014

To 6/30/2015

Block Grant Expenditure Period

From 10/1/2012

To 9/30/2014

IV. Date Submitted

Submission Date

Revision Date

V. Contact Person Responsible for Report Submission

First Name Rick

Last Name Gowdy

Telephone 573-751-9411

Fax 573-751-7814

Email Address rick.gowdy@dmh.mo.gov

VI. Contact Person Responsible for Substance Abuse Data

First Name Christie

Last Name Lundy

Telephone 573-526-1636

Email Address christie.lundy@dmh.mo.gov

Footnotes:

II: Annual Report

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 2

Priority Area: Coordination of Primary Care and Behavioral Health Services

Priority Type: MHS

Population(s): SMI, SED

Goal of the priority area:

Increase coordination and management of consumers' behavioral healthcare and primary healthcare needs

Strategies to attain the goal:

- 1) Develop and submit state plan amendment to CMS for the creation of incentive payments - redistributing a portion of cost-savings to providers based on health outcome metrics.
- 2) Obtain CARF accreditation of CMHC's for Behavioral Health Homes
- 3) Develop training for the CMHC's to recognize risk factors for the development of chronic conditions in youth, understand brain development processes, and develop skills to provide trauma-informed care to youth and their families
- 4) Evaluate the current infrastructure to determine if changes are needed to better meet the needs of children and youth
- 5) Increase number of participants

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Obtain CMS approval of state plan amendment for incentive payments

Baseline Measurement: N/A

First-year target/outcome measurement: CMS approval of state plan amendment for incentive payments

Second-year target/outcome measurement: N/A

New Second-year target/outcome measurement (if needed): Performance measure discontinued.

Data Source:

CMS

New Data Source (if needed):

Description of Data:

CMS approval of state plan amendment for incentive payments determined by approval letter from CMS.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

DMH informally submitted a proposal to CMS but CMS was not receptive to the idea. DMH proposes to eliminate this measure.

How first year target was achieved (optional):

Indicator #: 2

Indicator: Number of CMHC's with CARF accreditation for Behavioral Health Homes

Baseline Measurement: 0

First-year target/outcome measurement: 27

Second-year target/outcome measurement: 27

New Second-year target/outcome measurement (if needed):

Data Source:

CARF and CMHC's

New Data Source (if needed):

Description of Data:

Agencies contracted with Department of Mental Health (DMH) are required to submit a copy of accreditation documentation which DMH tracks in its certification/accreditation database.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

All 27 Community Mental Health Centers received CARF accreditation for Behavioral Health Homes.

Indicator #: 3

Indicator: Number of individuals participating in Health Homes per year

Baseline Measurement: 17,174

First-year target/outcome measurement: 19,500

Second-year target/outcome measurement: 19,500

New Second-year target/outcome measurement (if needed):

Data Source:

Missouri Medicaid Agency

New Data Source (if needed):

Description of Data:

Number of participants is determined from a Per Member Per Month (PMPM) data file submitted to DMH from the Missouri Medicaid agency MO Healthnet on a monthly basis.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Participants may be served across multiple years and will be counted in each participating year.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

During FY 2014, there were 25,278 individuals enrolled in Health Homes at some time during FY 2014.

Priority #: 3

Priority Area: Strategic Prevention Partnerships

Priority Type: SAP

Population(s): Other (Students in College, LGBTQ, Rural, Children/Youth at Risk for BH Disorder, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Reduce underage drinking in three communities (Butler, Jefferson, and Boone counties) and reduce prescription drug misuse at 21 of the State's colleges and universities

Strategies to attain the goal:

- 1) Identify technical assistance and training needs and develop responsive activities for participant coalitions
- 2) Implement a mix of evidence-based programs, policies, and/or practices to address the prevention goal
- 3) Use the State Epidemiology Outcomes Workgroup (SEOW) to ensure a data-driven process and to increase data capacity
- 4) Collect and report community level data in accordance with Federal reporting requirements

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of youth served per year

Baseline Measurement: 0

First-year target/outcome measurement: 14,100

Second-year target/outcome measurement: 14,100

New Second-year target/outcome measurement *(if needed)*:

Data Source:

Community Coalitions

New Data Source *(if needed)*:

Description of Data:

The Project Director, who is also the SEOW chair, will develop a matrix for coalitions to track and report their process and outcomes data. The Regional Support Centers and grant management team will monitor completeness, accuracy, and timeliness of data collected and reported by the participant coalitions.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

In FY 2014, there were 83,146 youth served. The number is much higher than the target because environmental strategies were used that covered larger geographic areas.

Indicator #: 2

Indicator: Number of training and technical assistance activities funded per year

Baseline Measurement: 0

First-year target/outcome measurement: 7

Second-year target/outcome measurement: 7

New Second-year target/outcome measurement (if needed):

Data Source:

Project Director

New Data Source (if needed):

Description of Data:

The Project Director will coordinate and track training and technical assistance activities.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

In FY 2014, there were 78 trainings and technical assistance activities.

Priority #: 4

Priority Area: Chronic Drunk Driving

Priority Type: SAT

Population(s): Other (Criminal/Juvenile Justice)

Goal of the priority area:

Reduce DWI recidivism among chronic offenders

Strategies to attain the goal:

1) Establish Serious and Repeat Offender (SROP) referral linkages for all DWI courts

- 2) Continue to ensure that SROP programs either have or are working toward national accreditation (CARF, TJC, or COA)
- 3) Maintain quarterly management meetings with the Office of State Courts Administrator

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number served in the Serious and Repeat Offender Program per year

Baseline Measurement: 1,384

First-year target/outcome measurement: 2,000

Second-year target/outcome measurement: 2,000

New Second-year target/outcome measurement (if needed):

Data Source:

Department of Mental Health information system

New Data Source (if needed):

Description of Data:

Number served determined from billing data in the DMH information system.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Submission of billing can lag by about two months from the date of service. An individual may be served in multiple years and is counted under each respective year served.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

In FY 2014, there were 2,640 served in the Serious and Repeat Offender Program.

Priority #: 5

Priority Area: Department of Corrections Community Supervised Offenders

Priority Type: SAT, MHS

Population(s): SMI, Other (Criminal/Juvenile Justice)

Goal of the priority area:

Improve access to clinically appropriate services

Strategies to attain the goal:

- 1) Continue the prioritization process for offenders needing substance abuse treatment to facilitate rapid assessment and treatment initiation
- 2) Maintain Memorandum of Understanding's (MOU) with the Department of Corrections for coordination of behavioral health treatment services
- 3) Continue the CMHT – Community Mental Health Treatment (mental illness) and MH4 (severe mental illness) programs

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of High Priority referrals for substance abuse treatment per year

Baseline Measurement: 0

First-year target/outcome measurement: 800

Second-year target/outcome measurement: 1,200

New Second-year target/outcome measurement (*if needed*):

Data Source:

Department of Mental Health information system

New Data Source (*if needed*):

Description of Data:

Number of High Priority referrals for substance abuse treatment is determined from admission data in the DMH information system.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (*optional*):

In FY 2014, there were 1,556 High Priority Referrals for substance abuse treatment.

Indicator #: 2

Indicator: Maintain MOU between the Department of Mental Health and the Department of Corrections

Baseline Measurement: MOU current

First-year target/outcome measurement: MOU current

Second-year target/outcome measurement: MOU current

New Second-year target/outcome measurement (*if needed*):

Data Source:

Department of Mental Health contracts unit.

New Data Source (*if needed*):

Description of Data:

MOU documentation is maintained by the DMH contracts unit.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:

☒ Achieved

☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

MOU's between DMH and DOC were renewed.

Indicator #:

3

Indicator:

Number served in the Community Mental Health Treatment (mental illness) and the MH4 (severe mental illness) programs per year

Baseline Measurement:

1,790

First-year target/outcome measurement:

1,790

Second-year target/outcome measurement:

1,790

New Second-year target/outcome measurement *(if needed)*:

Data Source:

Department of Mental Health information system

New Data Source *(if needed)*:

Description of Data:

Number served in the CMHT and MH4 programs is determined from billing data in the DMH information system.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Submission of billing may lag by several months from service date. An individual may be served in multiple years and is counted under each respective year served.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:

☒ Achieved

☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

In FY 2014, there were 2,194 served in the Community Mental Health Treatment (mental illness) and the MH4 (severe mental illness) programs.

Priority #:

6

Priority Area:

Tobacco Prevention / Cessation

Priority Type:

SAP, SAT, MHS

Population(s):

SMI, SED, PWWDC, Other (Adolescents w/SA and/or MH, Students in College, Rural, Criminal/Juvenile Justice, Children/Youth at Risk for BH Disorder, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Reduce tobacco initiation and promote tobacco cessation among vulnerable populations

Strategies to attain the goal:

- 1) Develop a statewide plan for a tobacco-free behavioral healthcare system
- 2) Support tobacco cessation on Missouri's college campuses
- 3) Ensure the provision of tobacco enforcement and merchant education:
 - a. Continue contracting with the Food and Drug Administration for the enforcement of federal tobacco control laws
 - b. Maintain a Memorandum of Agreement with the Division of Alcohol and Tobacco Control for state and federal enforcement of tobacco control laws
 - c. Conduct a merchant education visit to every tobacco retailer in the state

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Annual Synar noncompliance rate is less than 20 percent

Baseline Measurement: yes

First-year target/outcome measurement: yes

Second-year target/outcome measurement: yes

New Second-year target/outcome measurement (if needed):

Data Source:

Missouri's Annual Synar Report

New Data Source (if needed):

Description of Data:

Synar rate is determined from annual Synar survey of random, unannounced inspections of tobacco retailers using minors age 16 or 17. For FY 2014, this will be completed by October 1, 2014. For FY 2015, this will be completed by October 1, 2015.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Weighted non-compliance rate was 7.2 percent as reported in the FY15 Annual Synar Report.

Indicator #: 2

Indicator: State plan for the development of a tobacco-free behavioral healthcare system

Baseline Measurement: N/A

First-year target/outcome measurement: in progress

Second-year target/outcome measurement: yes

New Second-year target/outcome measurement (if needed): Discontinue measure.

Data Source:

Department of Mental Health

New Data Source (if needed):

An advisory workgroup consisting of agency directors and clinical directors will work to develop a state plan for a tobacco-free behavioral health system. A finalized plan will be achieved with plan approval by DMH management.

Providers were trained in Freedom from Smoking (FFS) and Tobacco Treatment Specialist (TTS) Certification.

Partners in Prevention, Missouri's higher education substance abuse consortium

Partners in Prevention tracks the number of nicotine replacement quit kits that have been distributed on the State's college campuses.

In FY 2014, there were 3,052 nicotine replacement quit kit items distributed on Missouri college campuses. The number was much larger than the target because additional one-time money was available from the tobacco fund.

Priority #: 7

Priority Area: Recovery Support Services

Priority Type: SAT, MHS

Population(s): SMI, SED, PWWDC, IVDUs, Other (Adolescents w/SA and/or MH, Rural, Criminal/Juvenile Justice, Homeless, Underserved Racial and Ethnic Minorities, Unemployed w/ SA and/or MH)

Goal of the priority area:

Provide support services to promote sustained recovery from behavioral health disorders

Strategies to attain the goal:

- 1) Develop certification standards for recovery support programs (substance abuse)
- 2) Continue the five Drop-In Centers and five Peer Support Phone Lines for persons with mental illness
- 3) Develop certification standards for the Family Support Provider program
- 4) Maintain a housing unit to administer the Shelter Plus Care grants to provide housing assistance to long-term DMH consumers

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Status of certification standards for recovery support services

Baseline Measurement: in progress

First-year target/outcome measurement: in progress

Second-year target/outcome measurement: submitted

New Second-year target/outcome measurement (if needed):

Data Source:

Department of Mental Health

New Data Source (if needed):

Description of Data:

Certification standards considered completed when submitted to the Secretary of State's office.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Standards were sent to the Governor's Office for approval in September 2014.

Indicator #: 2

Indicator: Number of contracts for Consumer Operated Service Programs (e.g. Drop-In Centers and Peer Support Warm Lines) for persons with mental illness

Baseline Measurement: 10

First-year target/outcome measurement: 10

Second-year target/outcome measurement: 10

New Second-year target/outcome measurement *(if needed)*:

Data Source:

Department of Mental Health

New Data Source *(if needed)*:

Description of Data:

Contracts are maintained by the DMH Contracts Unit.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

In FY 2014, there were 10 contracts for Consumer Operated Service Programs for persons with mental illness.

Indicator #:

3

Indicator:

Number of S+C Housing Grants

Baseline Measurement:

42

First-year target/outcome measurement:

44

Second-year target/outcome measurement:

44

New Second-year target/outcome measurement *(if needed)*:

Data Source:

Department of Mental Health

New Data Source *(if needed)*:

Description of Data:

S+C housing grants are monitored and tracked by the DMH Housing Unit.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

In FY 2014, there were 44 S+C Housing Grants.

Indicator #: 4

Indicator: Status of certification standards for Family Support Provider programs

Baseline Measurement: N/A

First-year target/outcome measurement: In progress

Second-year target/outcome measurement: Submitted to the Secretary of State's office

New Second-year target/outcome measurement *(if needed)*: Develop and finalize the certification exam.

Data Source:

Department of Mental Health

New Data Source *(if needed)*:

Description of Data:

Certification standards considered completed when submitted to the Secretary of State's office.

New Description of Data: *(if needed)*

The Family Support Provider Certification Exam will be presented to the DMH Children's Team, the FSP Trainers, internal DMH staff and the State Advisory Council for final approval.

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

N/A

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

The State has worked to modify and enhance the curriculum for Family Support Providers but does not have immediate plans to submit program certification standards. The State seeks to replace this measure with 'develop and finalize certification exam for individuals who receive the Family Support training.'

How first year target was achieved *(optional)*:

Priority #: 8

Priority Area: Medication Assisted Treatment for Addiction

Priority Type: SAT

Population(s): PWWD, IVDUs, HIV EIS, Other (Criminal/Juvenile Justice)

Goal of the priority area:

To further integrate medication therapy into the substance abuse treatment service delivery system

Strategies to attain the goal:

- 1) Increase number of consumers receiving medication therapy
- 2) Monitor utilization of MAT by provider and provide technical assistance as needed
- 3) Pilot MAT at Ozark Correctional Center

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of consumers receiving medication therapy per year

Baseline Measurement: 3,564

First-year target/outcome measurement: 3,800

Second-year target/outcome measurement: 4,000

New Second-year target/outcome measurement (if needed):

Data Source:

Department of Mental Health information system

New Data Source (if needed):

Description of Data:

Number of consumers receiving medication assisted treatment including use of methadone, Vivitrol, naltrexone, buprenorphine/Suboxone, Antabuse, and acamprosate is determined from medication billings to the DMH information system and Medicaid Claims, excluding billings occurring while in detox.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Submission of billing may lag by about two months from service date. An individual may be served in multiple years and is counted under each respective year served.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

In FY 2014, 3,878 consumers received medication assisted treatment.

Priority #: 9

Priority Area: Community Advocacy and Education

Priority Type: SAP, MHP

Population(s): Other (Students in College, Rural, General Public and First Responders)

Goal of the priority area:

Create positive community norms; policy change; promote mental wellness; and reduce alcohol, tobacco, and other drug availability in Missouri's communities

Strategies to attain the goal:

- 1) Advocate for policies that decrease access to key ingredients to manufacture methamphetamine
- 2) Continue the Prescription Take Back Campaign
- 3) Continue education and awareness initiative in the St. Louis area to address heroin and other opiate drug use
- 4) Continue education and awareness on the dangers of synthetic drugs
- 5) Continue MHFA trainings and implement Youth Mental Health First Aid trainings

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of local jurisdictions that have ordinances requiring a prescription for pseudoephedrine
Baseline Measurement: 68
First-year target/outcome measurement: 71
Second-year target/outcome measurement: 75
New Second-year target/outcome measurement(*if needed*):
Data Source:

Department of Public Safety

New Data Source(*if needed*):

Description of Data:

Number of jurisdictions that have an ordinance requiring a prescription for pseudoephedrine is tracked by the Department of Public Safety.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (*optional*):

In FY 2014, there were 73 local jurisdictions that have ordinances requiring a prescription for pseudoephedrine.

Indicator #: 2
Indicator: Number of heroin trainings and education activities provided per year
Baseline Measurement: 44
First-year target/outcome measurement: 50
Second-year target/outcome measurement: 50
New Second-year target/outcome measurement(*if needed*):
Data Source:

Eastern Regional Support Center

New Data Source(*if needed*):

Description of Data:

Number of heroin education activities is tracked and reported by the Eastern Regional Support Center.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

In FY 2014, there were 80 heroin trainings and education activities provided.

Indicator #: 3

Indicator: Number of Mental Health First Aid Trainings per year

Baseline Measurement: 221

First-year target/outcome measurement: 230

Second-year target/outcome measurement: 230

New Second-year target/outcome measurement *(if needed)*:

Data Source:

Missouri Institute of Mental Health

New Data Source *(if needed)*:

Description of Data:

The number of MHFA trainings is tracked and reported by the Missouri Institute of Mental Health.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

In FY 2014, there were 459 Mental Health First Aid trainings conducted.

Indicator #: 4

Indicator: Number Trained in Suicide Prevention per year

Baseline Measurement: 5,399

First-year target/outcome measurement: 7,140

Second-year target/outcome measurement: 7,800

New Second-year target/outcome measurement *(if needed)*: 2,500

Data Source:

Missouri Institute of Mental Health

New Data Source(*if needed*):

Description of Data:

The number trained in suicide prevention is tracked and reported by the Missouri Institute of Mental Health.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

Funding was reduced and trainings shifted from one-hour gatekeeper training to longer one-day trainings. The State seeks to revise its target for FY 2015.

How first year target was achieved (*optional*):

Priority #: 10

Priority Area: Evidence-based Mental Health Practices

Priority Type: MHS

Population(s): SMI, SED

Goal of the priority area:

Continue evidence-based practice to the same standards and fidelity as shown to be effective in research

Strategies to attain the goal:

- 1) Continue support for Evidence-based programs (EBP).
- 2) Provide on-going monitoring of fidelity in EBP programs.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of Integrated Treatment for Co-Occurring Disorders programs

Baseline Measurement: 20

First-year target/outcome measurement: 20

Second-year target/outcome measurement: 20

New Second-year target/outcome measurement(*if needed*): 19

Data Source:

Department of Mental Health

New Data Source(*if needed*):

Description of Data:

Number of ITCOD programs are tracked by the contracts unit.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

In FY 2014, there were 3 agencies that discontinued Integrated Treatment for Co-Occurring Disorder (ITCD) programs and 2 agencies that added ITCD. The State ended FY 2014 with 19 programs rather than the 20 programs targetted. The State is actively encouraging providers to add ITCD programs but does not anticipate that additional programs will be added in FY 2015. The State seeks to change its FY 2015 target to 19 ITCD programs.

How first year target was achieved (optional):

Indicator #: 2

Indicator: Number of Assertive Community Treatment (ACT) Programs

Baseline Measurement: 6

First-year target/outcome measurement: 6

Second-year target/outcome measurement: 6

New Second-year target/outcome measurement (if needed):

Data Source:

Department of Mental Health

New Data Source (if needed):

Description of Data:

Number of ACT Programs is tracked by the contracts unit.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

In FY 2014, there were 6 Assertive Community Treatment (ACT) Programs.

Indicator #: 3

Indicator: Number of Consumer Operated Services Programs (COSP)

Baseline Measurement: 10

First-year target/outcome measurement: 10

Second-year target/outcome measurement: 10

New Second-year target/outcome measurement(*if needed*):

Data Source:

Department of Mental Health

New Data Source(*if needed*):

Description of Data:

Number of COSP programs is tracked by the contracts unit.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (*optional*):

In FY 2014, there were 10 Consumer Operated Services Programs.

Priority #: 11

Priority Area: IV Drug Users

Priority Type: SAT

Population(s): IVDUs

Goal of the priority area:

Ensure the provision of services to IV drug users in accordance with Substance Abuse Prevention and Treatment Block Grant statutory requirements

Strategies to attain the goal:

- 1) Monitor contractual requirements pertaining to IV drug users
- 2) Continue collecting wait list and capacity management data from contracted providers
- 3) Develop reports for wait list data and interim services billings in support of monitoring efforts

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of IV drug users served in substance abuse treatment per year (assuming the same level of funding)

Baseline Measurement: 8,404

First-year target/outcome measurement: 8,404

Second-year target/outcome measurement: 8,404

New Second-year target/outcome measurement(*if needed*):

Data Source:

Department of Mental Health information system

New Data Source(*if needed*):

Description of Data:

The number of IV drug users served is captured in the DMH information system. These are individuals for whom a paid claim on a substance abuse treatment program was submitted to and paid by DMH. Injection drug use is determined from the TEDS data also captured in the DMH information system. The route of substance was IV injection or non-IV injection on the primary, secondary, or tertiary substance of abuse.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

Reductions in funding levels may negatively impact ability to achieve outcome.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (*optional*):

In FY 2014, there were 9,288 IV drug users served in substance abuse treatment.

Indicator #:

2

Indicator:

Percent of Block Grant Funded Providers Reporting Wait List Data

Baseline Measurement:

100%

First-year target/outcome measurement:

100%

Second-year target/outcome measurement:

100%

New Second-year target/outcome measurement (*if needed*):

Data Source:

Department of Mental Health

New Data Source(*if needed*):

Description of Data:

Wait lists are submitted weekly via the Department's secure FTP site. An automated script runs nightly which loads the data into tables on the data warehouse where it is accessible by analysts for monitoring and reporting.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (*optional*):

In FY 2014, 100 percent of SAPT Block Grant funded providers reported wait list data.

Priority #: 12
Priority Area: Substance-Abusing Pregnant Women and Women with Dependent Children
Priority Type: SAT
Population(s): PWWDC

Goal of the priority area:

Continue to provide services to pregnant women and women with dependent children

Strategies to attain the goal:

- 1) Monitor contractual compliance with regard to admission of pregnant women to substance abuse treatment
- 2) Continue collecting wait list and capacity management data from contracted providers

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of pregnant women and women with dependent children served in substance abuse treatment per year (assuming the same level of funding)
Baseline Measurement: 6,289
First-year target/outcome measurement: 6,289
Second-year target/outcome measurement: 6,289
New Second-year target/outcome measurement (if needed):
Data Source:

Department of Mental Health information system

New Data Source (if needed):

Description of Data:

The number of pregnant women and women with dependent children served is captured in the DMH information system. These are individuals for which a paid claim was submitted to and paid by DMH. Pregnancy status and number of dependent children are also captured.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Reductions in funding levels may negatively impact ability to achieve outcome.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

In FY 2014, there were 6,307 pregnant women and women with dependent children served in substance abuse treatment.

Priority #: 13
Priority Area: Tuberculosis-Related Services

Priority Type: SAT

Population(s): TB

Goal of the priority area:

Continue to provide TB services to individuals in substance abuse treatment.

Strategies to attain the goal:

- 1) Contractually require programs to
 - a. have a working relationship with the local health department, physician, or other qualified healthcare provider in the community to provide any necessary testing services for tuberculosis,
 - b. arrange for TB testing to be available to the client at any time during the course of the client's treatment,
 - c. provide post-testing counseling for clients testing positive, and
 - d. provide education to clients and family members on the risks of tuberculosis.
- 2) Continue to track TB-related expenditures as required by federal regulations §96.127
- 3) Collaborate with the Department of Health and Senior Services in the development of new training curriculum on HIV/TB counseling.
- 4) Increase data capacity and reporting of TB referral and service information

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Updated training curriculum on TB post-test counseling

Baseline Measurement: N/A

First-year target/outcome measurement: In progress

Second-year target/outcome measurement: Updated training curriculum implemented

New Second-year target/outcome measurement(*if needed*): Performance measure discontinued.

Data Source:

Department of Mental Health

New Data Source(*if needed*):

Description of Data:

HIV/TB counseling training considered implemented when made available to clinical staff.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

The Missouri Department of Health and Senior Services decided not to update the training curriculum. The State seeks to eliminate this measure.

How first year target was achieved (*optional*):

Indicator #: 2

Indicator: Reports developed for TB referrals, testing, and post-test counseling services

Baseline Measurement: N/A

First-year target/outcome measurement: In progress

Second-year target/outcome measurement: Implementation of reports by clinical team

New Second-year target/outcome measurement(*if needed*):

Data Source:

Department of Mental Health

New Data Source(*if needed*):

Description of Data:

Development of reports is tracked by the DMH Research and Statistics Unit.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (*optional*):

TB data fields have been added to the TEDS screens in the State's Customer Information Management Outcomes and Reporting system. Adhoc reports have been developed to examine the TB-related data. The State is in the process of adding TB-related measures to its quarterly provider reports.

Priority #: 14

Priority Area: Supported Employment

Priority Type: SAT, MHS

Population(s): SMI

Goal of the priority area:

To increase competitive employment for individuals with behavioral disorders

Strategies to attain the goal:

- 1) Increase use of IPS Supported Employment,
- 2) Continue training and technical assistance, and
- 3) Submit a 1915i state plan amendment for support of employment milestone payments

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of Individual Placement and Support Employment (IPS SE) programs

Baseline Measurement: 7

First-year target/outcome measurement: 8

Second-year target/outcome measurement: 9

New Second-year target/outcome measurement(*if needed*):

Data Source:

Department of Mental Health

New Data Source *(if needed)*:

Description of Data:

The number of IPS Supported Employment programs is tracked by DMH staff.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

In FY 2014, there were 11 Individual Placement and Support Employment programs.

Priority #: 15

Priority Area: Mental Health Services for Transition-Aged Youth and Young Adults

Priority Type: MHS

Population(s): SMI, SED

Goal of the priority area:

To increase knowledge of effective interventions and supports and enhance skills of individuals who work with transition age youth and young adults and their families

Strategies to attain the goal:

- 1) Develop and implement training curriculum for Family Support Providers, Youth Peer Support Specialists, and Peer Specialists to include:
 - Comprehensive training on the unique needs and developmental processes of transition-aged youth and young adults as well as effective transition services and supports
 - Training on the Guardianship process
- 2) Continue to address policy development with the Transition Age Youth State Team

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of Comprehensive trainings per year

Baseline Measurement: 0

First-year target/outcome measurement: 2

Second-year target/outcome measurement: 2

New Second-year target/outcome measurement *(if needed)*:

Data Source:

Department of Mental Health

New Data Source *(if needed)*:

Description of Data:

Numbers of training sessions are tracked by the Division of Behavioral Health's Children's Unit.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

In FY 2014, there was one Family Support Provider training and five Transition to Independence Process (TIP) trainings.

Indicator #: 2

Indicator: Number of Guardianship trainings per year

Baseline Measurement: 0

First-year target/outcome measurement: 2

Second-year target/outcome measurement: 2

New Second-year target/outcome measurement *(if needed)*:

Data Source:

Department of Mental Health

New Data Source *(if needed)*:

Description of Data:

Numbers of training sessions are tracked by the Division of Behavioral Health's Children's Unit.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

In FY 2014, there were 23 Guardianship trainings conducted.

Footnotes:

III: Expenditure Reports

Table 2 - State Agency Expenditure Report

Expenditure Period Start Date: 7/1/2014 Expenditure Period End Date: 6/30/2015

| Activity | A. SA Block Grant | B. MH Block Grant | C. Medicaid (Federal, State, and Local) | D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.) | E. State Funds | F. Local Funds (excluding local Medicaid) | G. Other |
|--|-------------------|-------------------|---|---|----------------|---|----------|
| 1. Substance Abuse Prevention* and Treatment | \$18,161,300 | | \$41,903,844 | \$2,546,471 | \$41,613,702 | \$0 | \$0 |
| a. Pregnant Women and Women with Dependent Children* | \$2,125,572 | | \$1,850,043 | \$59,457 | \$5,773,540 | \$0 | \$0 |
| b. All Other | \$16,035,728 | | \$40,053,801 | \$2,487,014 | \$35,840,162 | \$0 | \$0 |
| 2. Primary Prevention | \$4,926,370 | \$0 | \$0 | \$1,368,584 | \$1,114,907 | \$0 | \$0 |
| 3. Tuberculosis Services | \$1,213 | | \$819 | \$0 | \$122 | \$0 | \$0 |
| 4. HIV Early Intervention Services | \$0 | | \$0 | \$0 | \$0 | \$0 | \$0 |
| 5. State Hospital | | | | | | | |
| 6. Other 24 Hour Care | | | | | | | |
| 7. Ambulatory/Community Non-24 Hour Care | | | | | | | |
| 8. Administration (Excluding Program and Provider Level) | \$881,754 | \$0 | \$0 | \$869,536 | \$1,191,179 | \$0 | \$0 |
| 9. Subtotal (Row 1, 2, 3, 4 and 8) | \$23,970,637 | \$0 | \$41,904,663 | \$4,784,591 | \$43,919,910 | \$0 | \$0 |
| 10. Subtotal (Row 5, 6, 7 and 8) | \$881,754 | \$0 | \$0 | \$869,536 | \$1,191,179 | \$0 | \$0 |
| 11. Total | \$23,970,637 | \$0 | \$41,904,663 | \$4,784,591 | \$43,919,910 | \$0 | \$0 |

* Prevention other than primary prevention

Please indicate the expenditures are actual or estimated.

☒ Actual ☐ Estimated

Footnotes:

Total State Expenditures equal \$43,919,910 (Table 2 - column E) plus the state portion of Medicaid Match \$14,257,490 (included in column C) for a total state expenditures of \$58,177,400 (State MOE).

III: Expenditure Reports

Table 3 - SAPT Block Grant Expenditure By Service

Expenditure Period Start Date: 7/1/2014 Expenditure Period End Date: 6/30/2015

| Service | Unduplicated Individuals | Units | Expenditures |
|--|--------------------------|-------|--------------|
| Healthcare Home/Physical Health | | | \$0 |
| Specialized Outpatient Medical Services | | | \$0 |
| Acute Primary Care | | | \$0 |
| General Health Screens, Tests and Immunizations | | | \$0 |
| Comprehensive Care Management | | | \$0 |
| Care coordination and Health Promotion | | | \$0 |
| Comprehensive Transitional Care | | | \$0 |
| Individual and Family Support | | | \$0 |
| Referral to Community Services Dissemination | | | \$0 |
| Prevention (Including Promotion) | | | \$0 |
| Screening, Brief Intervention and Referral to Treatment | | | \$0 |
| Brief Motivational Interviews | | | \$0 |
| Screening and Brief Intervention for Tobacco Cessation | | | \$0 |
| Parent Training | | | \$0 |
| Facilitated Referrals | | | \$0 |
| Relapse Prevention/Wellness Recovery Support | | | \$0 |
| Warm Line | | | \$0 |
| Substance Abuse (Primary Prevention) | | | \$0 |
| Classroom and/or small group sessions (Education) | | | \$0 |
| Media campaigns (Information Dissemination) | | | \$0 |
| Systematic Planning/Coalition and Community Team Building(Community Based Process) | | | \$0 |
| Parenting and family management (Education) | | | \$0 |

| | | | |
|--|--|--|-----|
| Education programs for youth groups (Education) | | | \$0 |
| Community Service Activities (Alternatives) | | | \$0 |
| Student Assistance Programs (Problem Identification and Referral) | | | \$0 |
| Employee Assistance programs (Problem Identification and Referral) | | | \$0 |
| Community Team Building (Community Based Process) | | | \$0 |
| Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental) | | | \$0 |
| Engagement Services | | | \$0 |
| Assessment | | | \$0 |
| Specialized Evaluations (Psychological and Neurological) | | | \$0 |
| Service Planning (including crisis planning) | | | \$0 |
| Consumer/Family Education | | | \$0 |
| Outreach | | | \$0 |
| Outpatient Services | | | \$0 |
| Evidenced-based Therapies | | | \$0 |
| Group Therapy | | | \$0 |
| Family Therapy | | | \$0 |
| Multi-family Therapy | | | \$0 |
| Consultation to Caregivers | | | \$0 |
| Medication Services | | | \$0 |
| Medication Management | | | \$0 |
| Pharmacotherapy (including MAT) | | | \$0 |
| Laboratory services | | | \$0 |
| Community Support (Rehabilitative) | | | \$0 |
| Parent/Caregiver Support | | | \$0 |
| Skill Building (social, daily living, cognitive) | | | \$0 |
| Case Management | | | \$0 |

| | | | |
|--|--|--|-----|
| Behavior Management | | | \$0 |
| Supported Employment | | | \$0 |
| Permanent Supported Housing | | | \$0 |
| Recovery Housing | | | \$0 |
| Therapeutic Mentoring | | | \$0 |
| Traditional Healing Services | | | \$0 |
| Recovery Supports | | | \$0 |
| Peer Support | | | \$0 |
| Recovery Support Coaching | | | \$0 |
| Recovery Support Center Services | | | \$0 |
| Supports for Self-directed Care | | | \$0 |
| Other Supports (Habilitative) | | | \$0 |
| Personal Care | | | \$0 |
| Homemaker | | | \$0 |
| Respite | | | \$0 |
| Supported Education | | | \$0 |
| Transportation | | | \$0 |
| Assisted Living Services | | | \$0 |
| Recreational Services | | | \$0 |
| Trained Behavioral Health Interpreters | | | \$0 |
| Interactive Communication Technology Devices | | | \$0 |
| Intensive Support Services | | | \$0 |
| Substance Abuse Intensive Outpatient (IOP) | | | \$0 |
| Partial Hospital | | | \$0 |
| Assertive Community Treatment | | | \$0 |
| Intensive Home-based Services | | | \$0 |
| Multi-systemic Therapy | | | \$0 |

| | | | |
|---|--|--|-----|
| Intensive Case Management | | | \$0 |
| Out-of-Home Residential Services | | | \$0 |
| Children's Mental Health Residential Services | | | \$0 |
| Crisis Residential/Stabilization | | | \$0 |
| Clinically Managed 24 Hour Care (SA) | | | \$0 |
| Clinically Managed Medium Intensity Care (SA) | | | \$0 |
| Adult Mental Health Residential | | | \$0 |
| Youth Substance Abuse Residential Services | | | \$0 |
| Therapeutic Foster Care | | | \$0 |
| Acute Intensive Services | | | \$0 |
| Mobile Crisis | | | \$0 |
| Peer-based Crisis Services | | | \$0 |
| Urgent Care | | | \$0 |
| 23-hour Observation Bed | | | \$0 |
| Medically Monitored Intensive Inpatient (SA) | | | \$0 |
| 24/7 Crisis Hotline Services | | | \$0 |
| Other (please list) | | | \$0 |
| Total | | | \$0 |

Footnotes:

Missouri is opting out of this table.

III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2014

| Category | FY 2013 SAPT Block Grant Award |
|--|--------------------------------|
| 1. Substance Abuse Prevention* and Treatment | \$17,736,518 |
| 2. Primary Prevention | \$5,700,843 |
| 3. Tuberculosis Services | \$0 |
| 4. HIV Early Intervention Services** | \$295 |
| 5. Administration (excluding program/provider level) | \$1,144,761 |
| 6. Total | \$24,582,417 |

*Prevention other than Primary Prevention

**HIV Designated States

Footnotes:

The sum of Table 4, row 1 (\$17,736,518) plus Table 4, row 4 (\$295) is equal to Table 7, Column B (\$17,736,813).

III: Expenditure Reports

Table 5a - Primary Prevention Expenditures Checklist

Expenditure Period Start Date: 10/1/2012

Expenditure Period End Date: 9/30/2014

| Strategy | IOM Target | SAPT Block Grant | Other Federal | State | Local | Other |
|-------------------------------------|-------------|------------------|---------------|-----------|-------|-------|
| Information Dissemination | Selective | \$179,813 | \$60,544 | \$51,889 | \$ | \$ |
| Information Dissemination | Indicated | \$ | \$ | \$ | \$ | \$ |
| Information Dissemination | Universal | \$354,779 | \$814,518 | \$134,596 | \$ | \$ |
| Information Dissemination | Unspecified | \$ | \$ | \$ | \$ | \$ |
| Information Dissemination | Total | \$534,592 | \$875,062 | \$186,485 | \$ | \$ |
| Education | Selective | \$1,225,471 | \$ | \$20,719 | \$ | \$ |
| Education | Indicated | \$ | \$ | \$ | \$ | \$ |
| Education | Universal | \$633,554 | \$ | \$261,496 | \$ | \$ |
| Education | Unspecified | \$ | \$ | \$ | \$ | \$ |
| Education | Total | \$1,859,025 | \$ | \$282,215 | \$ | \$ |
| Alternatives | Selective | \$315,762 | \$ | \$5,574 | \$ | \$ |
| Alternatives | Indicated | \$ | \$ | \$ | \$ | \$ |
| Alternatives | Universal | \$39,170 | \$ | \$10,056 | \$ | \$ |
| Alternatives | Unspecified | \$ | \$ | \$ | \$ | \$ |
| Alternatives | Total | \$354,932 | \$ | \$15,630 | \$ | \$ |
| Problem Identification and Referral | Selective | \$40,927 | \$ | \$495 | \$ | \$ |
| Problem Identification and Referral | Indicated | \$ | \$ | \$ | \$ | \$ |
| Problem Identification and Referral | Universal | \$41,630 | \$ | \$2,875 | \$ | \$ |
| Problem Identification and Referral | Unspecified | \$ | \$ | \$ | \$ | \$ |
| Problem Identification and Referral | Total | \$82,557 | \$ | \$3,370 | \$ | \$ |
| Community-Based Process | Selective | \$187,445 | \$ | \$101,640 | \$ | \$ |

| | | | | | | |
|-------------------------|-------------|---|---|---|-------------------------|-------------------------|
| Community-Based Process | Indicated | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Community-Based Process | Universal | \$ <input type="text" value="2,280,711"/> | \$ <input type="text"/> | \$ <input type="text" value="502,172"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Community-Based Process | Unspecified | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Community-Based Process | Total | \$2,468,156 | \$ | \$603,812 | \$ | \$ |
| Environmental | Selective | \$ <input type="text" value="7,326"/> | \$ <input type="text"/> | \$ <input type="text" value="5,344"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Environmental | Indicated | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Environmental | Universal | \$ <input type="text" value="221,352"/> | \$ <input type="text"/> | \$ <input type="text" value="18,245"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Environmental | Unspecified | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Environmental | Total | \$228,678 | \$ | \$23,589 | \$ | \$ |
| Section 1926 Tobacco | Selective | \$ <input type="text" value="1,861"/> | \$ <input type="text"/> | \$ <input type="text" value="65,099"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Section 1926 Tobacco | Indicated | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Section 1926 Tobacco | Universal | \$ <input type="text" value="44,235"/> | \$ <input type="text"/> | \$ <input type="text" value="563,516"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Section 1926 Tobacco | Unspecified | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Section 1926 Tobacco | Total | \$46,096 | \$ | \$628,615 | \$ | \$ |
| Other | Selective | \$ <input type="text" value="13,180"/> | \$ <input type="text" value="5,478"/> | \$ <input type="text" value="10,473"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Other | Indicated | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Other | Universal | \$ <input type="text" value="113,627"/> | \$ <input type="text" value="1,078,999"/> | \$ <input type="text" value="27,381"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Other | Unspecified | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Other | Total | \$126,807 | \$1,084,477 | \$37,854 | \$ | \$ |
| | Grand Total | \$5,700,843 | \$1,959,539 | \$1,781,570 | \$ | \$ |
| Footnotes: | | | | | | |

III: Expenditure Reports

Table 5b - Primary Prevention Expenditures by IOM Category

Expenditure Period Start Date: 10/1/2012

Expenditure Period End Date: 9/30/2014

| Activity | SAPT Block Grant | Other Federal Funds | State Funds | Local Funds | Other |
|--------------------|------------------|---------------------|----------------|-------------|--------|
| Universal Direct | \$3,116,202 | \$838,760 | \$1,248,526 | | |
| Universal Indirect | \$612,857 | \$1,054,757 | \$271,812 | | |
| Selective | \$1,971,784 | \$66,022 | \$261,232 | | |
| Indicated | | | | | |
| Column Total | \$5,700,843.00 | \$1,959,539.00 | \$1,781,570.00 | \$0.00 | \$0.00 |

Footnotes:

III: Expenditure Reports

Table 5c - SABG Primary Prevention Priorities and Special Population Categories

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2014

| Targeted Substances | |
|--|---|
| Alcohol | b |
| Tobacco | b |
| Marijuana | b |
| Prescription Drugs | b |
| Cocaine | e |
| Heroin | b |
| Inhalants | e |
| Methamphetamine | b |
| Synthetic Drugs (i.e. Bath salts, Spice, K2) | e |
| Targeted Populations | |
| Students in College | b |
| Military Families | e |
| LGBTQ | e |
| American Indians/Alaska Natives | e |
| African American | b |
| Hispanic | e |
| Homeless | e |
| Native Hawaiian/Other Pacific Islanders | e |
| Asian | e |
| Rural | b |
| Underserved Racial and Ethnic Minorities | b |

Footnotes:

III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2014













| Resource Development Expenditures Checklist | | | | | | |
|--|------------------|------------------|-----------------|-----------------|-------------|----------------|
| Activity | A. Prevention-MH | B. Prevention-SA | C. Treatment-MH | D. Treatment-SA | E. Combined | F. Total |
| 1. Planning, Coordination and Needs Assessment | | \$492,975.00 | | | | \$492,975.00 |
| 2. Quality Assurance | | | | | | \$0.00 |
| 3. Training (Post-Employment) | | \$250.00 | | | | \$250.00 |
| 4. Program Development | | \$476,793.00 | | \$12,500.00 | | \$489,293.00 |
| 5. Research and Evaluation | | \$158,362.00 | | | | \$158,362.00 |
| 6. Information Systems | | | | | | \$0.00 |
| 7. Education (Pre-Employment) | | | | | | \$0.00 |
| 8. Total | \$0.00 | \$1,128,380.00 | \$0.00 | \$12,500.00 | \$0.00 | \$1,140,880.00 |

Footnotes:

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2014

| Entity Number | I-BHS ID |  | Area Served (Statewide or SubState Planning Area) | Provider / Program Name | Mailing Address | City | State | Zip | SAPT Block Grant - A. Block Grant Funds (B + D + E) | SAPT Block Grant - B. Prevention (other than primary prevention) and Treatment Services | SAPT Block Grant - C. Pregnant Women and Women with Dependent Children | SAPT Block Grant - D. Primary Prevention | SAPT Block Grant - E. Early Intervention Services for HIV |
|---------------|----------|---|---|---|-------------------------------------|-----------------|-------|-------|---|---|--|--|---|
| 1674 | MO101674 |  | Eastern | ARCA - Chesterfield | 17300 North Outer 40 Road | Chesterfield | MO | 63005 | \$162 | \$162 | \$0 | \$0 | \$0 |
| 1674a | MO100626 |  | Eastern | Assisted Recovery Centers of America, LLC (ARCA) | 1430 Olive Street | St. Louis | MO | 63103 | \$419,614 | \$419,614 | \$0 | \$0 | \$0 |
| 173 | MO903788 |  | Eastern | BASIC | 3026 Locust Street | St. Louis | MO | 63103 | \$36,611 | \$36,611 | \$0 | \$0 | \$0 |
| 173a | MO101558 |  | Eastern | BASIC - Charlotte Merritts Ottley Transitional Wome | 3029 Locust Street | St. Louis | MO | 63103 | \$122,250 | \$122,250 | \$122,250 | \$0 | \$0 |
| 173b | MO101735 |  | Eastern | BASIC - GP CSTAR Site (3028 Locust) | 3028 Locust St | St. Louis | MO | 63103 | \$157,986 | \$157,986 | \$0 | \$0 | \$0 |
| 1641 | X |  | Eastern | Big Brothers Big Sisters of Eastern Missouri | 501 North Grand. Blvd. | St. Louis | MO | 63103 | \$50,750 | \$0 | \$0 | \$50,750 | \$0 |
| 090n | MO100059 |  | Eastern | Bridgeway - Brentwood | 2510 South Brentwood | St. Louis | MO | 63144 | \$4,958 | \$4,958 | \$0 | \$0 | \$0 |
| 090a | MO101136 |  | Eastern | Bridgeway - St. Charles (Old South River Rd) | 1601 Old South River Road | St. Charles | MO | 63303 | \$295,329 | \$295,329 | \$184,757 | \$0 | \$0 |
| 090m | MO101785 |  | Eastern | Bridgeway - St. Charles (San Juan) | 325-345 San Juan | St. Charles | MO | 63303 | \$28,396 | \$28,396 | \$0 | \$0 | \$0 |
| 090g | MO100765 |  | Eastern | Bridgeway - St. Louis (Vandeventer) | 1027 South Vandeventer Avenue | St. Louis | MO | 63110 | \$603,909 | \$603,909 | \$0 | \$0 | \$0 |
| 090p | MO101824 |  | Eastern | Bridgeway - Town and Country | 14426 S Outer 40 | Town & Country | MO | 63017 | \$5,691 | \$5,691 | \$80 | \$0 | \$0 |
| 090c | MO106069 |  | Eastern | Bridgeway - Troy (E Cherry) | 1011 East Cherry Street | Troy | MO | 63379 | \$45,843 | \$45,843 | \$1,255 | \$0 | \$0 |
| 090j | MO101486 |  | Eastern | Bridgeway - Union | 100 West Main Street | Union | MO | 63084 | \$39,015 | \$39,015 | \$2,419 | \$0 | \$0 |
| 090b | MO101458 |  | Eastern | Bridgeway - University City | 8675 Olive Blvd. | University City | MO | 63130 | \$11,377 | \$11,377 | \$5,286 | \$0 | \$0 |
| 090e | MO102803 |  | Eastern | Bridgeway - Warrenton | 1206 East Veterans Memorial Parkway | Warrenton | MO | 63383 | \$29,703 | \$29,703 | \$421 | \$0 | \$0 |
| 090i | MO100786 |  | Eastern | Bridgeway Behavioral Health, Inc. | 1570 S. Main St. | St. Charles | MO | 63303 | \$58,842 | \$58,842 | \$0 | \$0 | \$0 |
| 043k | MO100849 |  | Southwest | Burrell - Larry Simmering Recovery Center | 360 Rinehart Road | Branson | MO | 65616 | \$409,286 | \$409,286 | \$0 | \$0 | \$0 |
| 043m | MO101654 |  | Southwest | Burrell Behavioral Health - Nixa | 301 E. State Highway CC | Nixa | MO | 65714 | \$24,617 | \$24,617 | \$0 | \$0 | \$0 |
| 043i | MO101804 | | Southwest | Burrell Behavioral Health - Springfield (1931 East | 1931 East Cherry Street | Springfield | MO | 65802 | \$71,646 | \$71,646 | \$0 | \$0 | \$0 |

| | | | | | | | | | | | | | | |
|--|------|----------|---|-----------|---|-------------------------------|----------------|----|-------|-----------|-----------|-----------|-----------|-----|
| | 043d | MO101556 | ✖ | Southwest | Burrell Behavioral Health - Springfield (1949 East | 1949 East Cherry Street | Springfield | MO | 65802 | \$25,357 | \$25,357 | \$0 | \$0 | \$0 |
| | 043l | MO101553 | ✖ | Southwest | Burrell Behavioral Health - Springfield (Battlefield) | 1016 West Battlefield | Springfield | MO | 65807 | \$10,289 | \$10,289 | \$0 | \$0 | \$0 |
| | 043j | MO100065 | ✖ | Southwest | Burrell Behavioral Health - Springfield (E Kearney) | 1441 E. Kearney St. | Springfield | MO | 65803 | \$709 | \$709 | \$0 | \$0 | \$0 |
| | 043n | MO750593 | ✖ | Southwest | Burrell Behavioral Health - Springfield (S Park Ave) | 800 S. Park Avenue | Springfield | MO | 65802 | \$582,013 | \$582,013 | \$0 | \$0 | \$0 |
| | 043a | MO902004 | ✖ | Southwest | Burrell Behavioral Health Care Center | 1300 Bradford Pkwy | Springfield | MO | 65804 | \$155,222 | \$0 | \$0 | \$155,222 | \$0 |
| | 048f | MO101823 | ✖ | Southwest | CCMHC - Aurora | 106 S Elliot Ave | Aurora | MO | 65605 | \$46 | \$46 | \$0 | \$0 | \$0 |
| | 318 | MO301603 | ✖ | Eastern | Center For Life Solutions, Inc. | 637 Dunn Road, Suite 180 | Hazelwood | MO | 63042 | \$626,933 | \$626,933 | \$0 | \$0 | \$0 |
| | 008 | X | ✖ | Statewide | Central Office | 1706 E Elm Street | Jefferson City | MO | 65102 | \$239,632 | \$2,323 | \$0 | \$237,309 | \$0 |
| | 048e | MO101631 | ✖ | Southwest | Clark CMHC - Monett | 411 Third Street | Monett | MO | 65708 | \$55,732 | \$55,732 | \$0 | \$0 | \$0 |
| | 1639 | x | ✖ | Northwest | Community Housing Network, Inc | 2600 E 12th Street | Kansas City | MO | 64127 | \$10,000 | \$10,000 | \$0 | \$0 | \$0 |
| | 074c | MO100930 | ✖ | Southwest | Community Mental Health Consultants | 815 South Ash Street | Nevada | MO | 64772 | \$3,166 | \$3,166 | \$0 | \$0 | \$0 |
| | 074e | MO100011 | ✖ | Southwest | Community MHC - Butler | 706 S. High Street | Butler | MO | 64730 | \$14 | \$14 | \$0 | \$0 | \$0 |
| | 074a | MO103330 | ✖ | Northwest | Community MHC - Harrisonville | 306 South Independence Street | Harrisonville | MO | 64701 | \$1,059 | \$1,059 | \$0 | \$0 | \$0 |
| | 1642 | X | ✖ | Southwest | Community Partnership of the Ozarks | 330 North Jefferson Avenue | Springfield | MO | 65806 | \$242,240 | \$0 | \$0 | \$242,240 | \$0 |
| | 082a | MO901592 | ✖ | Eastern | Community Treatment, Inc. | 110 N. Mill Street | Festus | MO | 63028 | \$176,458 | \$176,458 | \$0 | \$0 | \$0 |
| | 058g | MO101665 | ✖ | Northwest | Comprehensive - Independence (Parkway Addiction Ce | 17421 Medical Center Parkway | Independence | MO | 64057 | \$66,440 | \$66,440 | \$2,504 | \$0 | \$0 |
| | 058b | MO301678 | ✖ | Northwest | Comprehensive - KC (Swope Pkwy) | 5840 Swope Parkway | Kansas City | MO | 64130 | \$407,192 | \$407,192 | \$157,410 | \$0 | \$0 |
| | 058a | MO100518 | ✔ | Northwest | Comprehensive Mental Health Services | 17844 East 23rd Street | Independence | MO | 64057 | \$41,869 | \$41,869 | \$11,792 | \$0 | \$0 |
| | 082b | MO103009 | ✖ | Eastern | Comtrea - Arnold | 21 Municipal Drive | Arnold | MO | 63010 | \$97,721 | \$97,721 | \$0 | \$0 | \$0 |
| | 082f | MO101493 | ✖ | Eastern | Comtrea - High Ridge | 1817 Gravois Road | High Ridge | MO | 63049 | \$1,298 | \$1,298 | \$0 | \$0 | \$0 |
| | 082e | MO101485 | ✖ | Eastern | Comtrea - Hillsboro | 351 Main Street | Hillsboro | MO | 63050 | \$24,674 | \$24,674 | \$0 | \$0 | \$0 |
| | 082g | MO101487 | ✖ | Eastern | Comtrea - Hillsboro (Gold Finch Lane) | 9501 Gold Finch Lane | Hillsboro | MO | 63050 | \$10,774 | \$10,774 | \$0 | \$0 | \$0 |
| | 056t | MO105830 | ✖ | Southeast | Family Counseling Center - Ava | 504 Northwest 12th Avenue | Ava | MO | 65608 | \$36 | \$36 | \$0 | \$0 | \$0 |
| | 056a | MO101128 | ✖ | Southeast | Family Counseling Center - Cape Girardeau | 20 South Sprigg Street | Cape Girardeau | MO | 63703 | \$140,190 | \$140,190 | \$134,923 | \$0 | \$0 |

| | | | | | | | | | | | | | |
|-------|----------|---|-----------|--|-------------------------------|----------------|----|-------|-----------|-----------|---------|-----------|-----|
| 056c | MO101391 | ✖ | Southeast | Family Counseling Center - Caruthersville | 100 E 10th St, Suite C | Caruthersville | MO | 63830 | \$6,914 | \$6,914 | \$0 | \$0 | \$0 |
| 056q | MO101549 | ✖ | Southeast | Family Counseling Center - Charleston (Marshall) | 801 East Marshall | Charleston | MO | 63834 | \$21,140 | \$21,140 | \$0 | \$0 | \$0 |
| 056e | MO100620 | ✖ | Southeast | Family Counseling Center - Dexter (Business Highwa | 1719 W Business Highway US 60 | Dexter | MO | 63841 | \$2,404 | \$2,404 | \$0 | \$0 | \$0 |
| 056b | MO301793 | ✖ | Southeast | Family Counseling Center - Hayti (Stapleton Center | 501 Highway J | Hayti | MO | 63851 | \$207,882 | \$207,882 | \$0 | \$0 | \$0 |
| 056ac | MO101227 | ✖ | Southeast | Family Counseling Center - Kennett (Jones St) | 1109 Jones Street | Kennett | MO | 63857 | \$47,614 | \$47,614 | \$0 | \$0 | \$0 |
| 056k | MO101311 | ✖ | Southeast | Family Counseling Center - Kennett (Main Street) | 103 South Main Street | Kennett | MO | 63857 | \$20,528 | \$20,528 | \$0 | \$0 | \$0 |
| 056y | MO101564 | ✖ | Southeast | Family Counseling Center - Malden | 1805 N Douglass Street | Malden | MO | 63863 | \$6,907 | \$6,907 | \$0 | \$0 | \$0 |
| 056m | MO105848 | ✖ | Southeast | Family Counseling Center - Mountain Grove | 219 E 2nd St | Mountain Grove | MO | 65711 | \$1,750 | \$1,750 | \$0 | \$0 | \$0 |
| 056o | MO101501 | ✖ | Southeast | Family Counseling Center - New Madrid | # 1 Courthouse Square | New Madrid | MO | 63869 | \$4,687 | \$4,687 | \$0 | \$0 | \$0 |
| 056h | MO105640 | ✖ | Southeast | Family Counseling Center - Poplar Bluff | 3001 Warrior Lane | Poplar Bluff | MO | 63901 | \$1,481 | \$1,481 | \$0 | \$0 | \$0 |
| 056s | MO101498 | ✖ | Southeast | Family Counseling Center - Portageville | State Highway 162 East | Portageville | MO | 63873 | \$4,445 | \$4,445 | \$0 | \$0 | \$0 |
| 056p | MO101548 | ✖ | Southeast | Family Counseling Center - Steele | 624 North Walnut Street | Steele | MO | 63877 | \$4,149 | \$4,149 | \$0 | \$0 | \$0 |
| 056f | MO000041 | ✖ | Southeast | Family Counseling Center - West Plains (Division D | 3411 Division Drive | West Plains | MO | 65775 | \$57,755 | \$57,755 | \$0 | \$0 | \$0 |
| 056n | MO750502 | ✖ | Southeast | Family Counseling Center - West Plains (Lanton Roa | 1015 Lanton Road | West Plains | MO | 65775 | \$236,801 | \$236,801 | \$0 | \$0 | \$0 |
| 056g | MO903598 | ✖ | Southeast | Family Counseling Center, Inc. | 925 State Rt VV | Kennett | MO | 63857 | \$193,076 | \$22,651 | \$1,682 | \$170,425 | \$0 |
| 045g | MO101532 | ✖ | Northwest | Family Guidance Center | 724 North 22nd Street | St. Joseph | MO | 64506 | \$8,020 | \$8,020 | \$0 | \$0 | \$0 |
| 045d | MO902673 | ✖ | Northwest | Family Guidance Center - Cameron | 101 West 3rd Street | Cameron | MO | 64429 | \$50,534 | \$50,534 | \$0 | \$0 | \$0 |
| 045c | MO902608 | ✖ | Northwest | Family Guidance Center - Maryville | 109 East Summit Drive | Maryville | MO | 64468 | \$93,979 | \$93,979 | \$0 | \$0 | \$0 |
| 045a | MO105244 | ✖ | Northwest | Family Guidance Center - St Joseph (Felix) | 901-909 Felix Street | St. Joseph | MO | 64501 | \$409,369 | \$409,369 | \$0 | \$0 | \$0 |

| | | | | | | | | | | | | | | |
|--|-------|----------|--|-----------|--|--------------------------------------|----------------|----|-------|-----------|-----------|-----------|-----------|-----|
| | 156b | MO101029 | | Southwest | Family Self Help Center | 1809 South Connor Avenue | Joplin | MO | 64804 | \$149,154 | \$149,154 | \$149,154 | \$0 | \$0 |
| | 156c | MO100287 | | Southwest | Family Self Help Center - Neosho | 118 West Spring Street | Neosho | MO | 64850 | \$21,137 | \$21,137 | \$21,137 | \$0 | \$0 |
| | 171 | X | | Northwest | First Call Alcohol/Drug Prevention & Recovery | 633 East 63rd Street | Kansas City | MO | 64110 | \$251,560 | \$0 | \$0 | \$251,560 | \$0 |
| | 504 | X | | Statewide | FOX SPORTS NET MIDWEST | 5520 Collection Center Dr | Chicago | MO | 60693 | \$20,000 | \$0 | \$0 | \$20,000 | \$0 |
| | 055a | MO903911 | | Southeast | Gibson Recovery Center - Cape Girardeau (Linden St | 1112 Linden Street | Cape Girardeau | MO | 63703 | \$286,359 | \$286,359 | \$0 | \$0 | \$0 |
| | 055ad | MO101587 | | Southeast | Gibson Recovery Center - Cape Girardeau (Sprigg) | 213 N Sprigg | Cape Girardeau | MO | 63703 | \$58,184 | \$58,184 | \$0 | \$0 | \$0 |
| | 055ai | MO101720 | | Southeast | Gibson Recovery Center - HillCrest Pointe | 1281 County Rd 638 | Cape Girardeau | MO | 63701 | \$7,952 | \$7,952 | \$0 | \$0 | \$0 |
| | 055ah | MO100058 | | Southeast | Gibson Recovery Center - Marble Hill (Hwy 34) | 606 Highway 34 West | Marble Hill | MO | 63764 | \$2,976 | \$2,976 | \$0 | \$0 | \$0 |
| | 055b | MO103785 | | Southeast | Gibson Recovery Center - Perryville | 1418 W St Joseph St | Perryville | MO | 63775 | \$7,994 | \$7,994 | \$0 | \$0 | \$0 |
| | 055c | MO104593 | | Southeast | Gibson Recovery Center - Sikeston | 137 East Front Street | Sikeston | MO | 63801 | \$17,990 | \$17,990 | \$0 | \$0 | \$0 |
| | 055 | MO101673 | | Southeast | Gibson Recovery Center, Inc. | 340 South Broadview Street | Cape Girardeau | MO | 63703 | \$20,774 | \$20,774 | \$0 | \$0 | \$0 |
| | 061k | MO101793 | | Central | Hannibal Council - Bowling Green | 1420 Business 61 South, Unit G | Bowling Green | MO | 63334 | \$34,287 | \$34,287 | \$0 | \$0 | \$0 |
| | 061i | MO100718 | | Central | Hannibal Council - Canton | 504 Lewis Street | Canton | MO | 63435 | \$7,243 | \$7,243 | \$0 | \$0 | \$0 |
| | 061c | MO106101 | | Central | Hannibal Council - Macon | 303 North Missouri Street | Macon | MO | 63552 | \$32,606 | \$32,606 | \$0 | \$0 | \$0 |
| | 061a | MO101011 | | Central | Hannibal Council - Mexico | 201 East Monroe, Suite 103 | Mexico | MO | 65265 | \$98,145 | \$98,145 | \$0 | \$0 | \$0 |
| | 061e | MO106671 | | Central | Hannibal Council - Moberly | 100 East Rollins Street | Moberly | MO | 65270 | \$50,994 | \$50,994 | \$0 | \$0 | \$0 |
| | 061d | MO750098 | | Central | Hannibal Council On Alcohol & Drug Abuse | 146 Communications Drive | Hannibal | MO | 63401 | \$657,419 | \$657,419 | \$126,824 | \$0 | \$0 |
| | 154ae | MO100288 | | Northwest | HCBC - DOC (KCCRC) | Kansas City Community Release Center | Kansas City | MO | 64101 | \$2,047 | \$2,047 | \$0 | \$0 | \$0 |
| | 154u | MO101368 | | Northwest | HCBC - Independence | 103 North Main Street | Independence | MO | 64050 | \$63,284 | \$63,284 | \$0 | \$0 | \$0 |
| | 154k | MO100870 | | Northwest | HCBC - KC (1534 Campbell) | 1534 Campbell Street | Kansas City | MO | 64108 | \$420,986 | \$420,986 | \$0 | \$0 | \$0 |
| | 154v | MO101478 | | Northwest | HCBC - KC (31st St) | 100 W 31st St | Kansas City | MO | 64108 | \$143,325 | \$143,325 | \$0 | \$0 | \$0 |
| | 154af | MO101067 | | Northwest | HCBC - KC (McGee) | 1212 McGee Street | Kansas City | MO | 64106 | \$7,847 | \$7,847 | \$0 | \$0 | \$0 |
| | 154a | MO100526 | | Northwest | HCBC - Liberty (DOC District 19 Office) | 1205 West College Street | Liberty | MO | 64068 | \$2,889 | \$2,889 | \$0 | \$0 | \$0 |
| | 154y | MO101437 | | Northwest | HCBC - Richmond | 115 West Main Street | Richmond | MO | 64085 | \$657 | \$657 | \$0 | \$0 | \$0 |

| | | | | | | | | | | | | | | |
|--|-------|----------|---|-----------|--|---|-------------------|----|-------|-------------|-------------|-----------|-------------|-----|
| | 154b | MO301785 | ✖ | Northwest | Heartland Center for Behavioral Change | 1730 Prospect Ave | Kansas City | MO | 64127 | \$69,334 | \$69,334 | \$0 | \$0 | \$0 |
| | 1655 | X | ✖ | Northwest | Kim Wilson Housing | 730 Armstrong Ave | Kansas City | MO | 66101 | \$1,250 | \$1,250 | \$0 | \$0 | \$0 |
| | 1645 | X | ✖ | Statewide | LEAD Institute | 2502 West Ash | Columbia | MO | 65203 | \$152,272 | \$0 | \$0 | \$152,272 | \$0 |
| | 1646 | X | ✖ | Southeast | Lincoln University | Business & Finance 306 Young Hall PO Box 29 | Jefferson City | MO | 65102 | \$153,877 | \$0 | \$0 | \$153,877 | \$0 |
| | 1647 | X | ✖ | Statewide | Missouri Alliance of Boys and Girls Clubs | 1460 Bee Creek Road | Branson | MO | 65616 | \$489,903 | \$0 | \$0 | \$489,903 | \$0 |
| | 1653 | X | ✖ | Statewide | Missouri Association of Community Task Forces | 428 E. Capitol | Jefferson City | MO | 65101 | \$1,008,264 | \$0 | \$0 | \$1,008,264 | \$0 |
| | 152 | X | ✖ | Eastern | National Council on Alcoholism & Drug Abuse | 8790 Manchester Road | Brentwood | MO | 63144 | \$611,871 | \$0 | \$0 | \$611,871 | \$0 |
| | 052j | MO100305 | ✖ | Southwest | Ozark Center | 1105 East 32nd St. | Joplin | MO | 64804 | \$7,891 | \$7,891 | \$0 | \$0 | \$0 |
| | 052b | MO100650 | ✖ | Southwest | Ozark Center - Joplin (Virginia St.) | 305 S. Virginia Street | Joplin | MO | 64801 | \$77,291 | \$77,291 | \$0 | \$0 | \$0 |
| | 052l | MO100869 | ✖ | Southwest | Ozark Center - Lamar | 307 West 11th Street | Lamar | MO | 64759 | \$1,576 | \$1,576 | \$0 | \$0 | \$0 |
| | 052a | MO103389 | ✖ | Southwest | Ozark Center - Neosho | 214 North Washington Street | Neosho | MO | 64850 | \$8,637 | \$8,637 | \$0 | \$0 | \$0 |
| | 052k | MO101829 | ✖ | Southwest | Ozark Center New Directions | 3010 McClelland Blvd | Joplin | MO | 64804 | \$91,552 | \$91,552 | \$0 | \$0 | \$0 |
| | 638 | x | ✖ | Northwest | Paseo Clinic | 1000 E. 24th Street | Kansas City | MO | 64108 | \$1,128,916 | \$1,128,916 | \$0 | \$0 | \$0 |
| | 049m | MO103298 | ✖ | Central | Pathways (FCC of MO) - Jefferson City (Stadium Blvd) | 1905 Stadium Blvd | Jefferson City | MO | 65109 | \$133 | \$133 | \$0 | \$0 | \$0 |
| | 049k | MO103207 | ✖ | Central | Pathways (FCC of MO) - Sedalia (S. Limit - Pathways) | 1400 South Limit Ave | Sedalia | MO | 65301 | \$65,934 | \$65,934 | \$0 | \$0 | \$0 |
| | 049i | MO106242 | ✖ | Southwest | Pathways - Butler | 205 East Dakota Street | Butler | MO | 64730 | \$32,772 | \$32,772 | \$0 | \$0 | \$0 |
| | 049bb | MO100809 | ✖ | Central | Pathways - California | 104 N Gerhart Road | California | MO | 65018 | \$733 | \$733 | \$0 | \$0 | \$0 |
| | 049t | MO100321 | ✖ | Central | Pathways - Camdenton | 741 North Business Route 5 | Camdenton | MO | 65020 | \$5,465 | \$5,465 | \$0 | \$0 | \$0 |
| | 049f | MO106267 | ✖ | Central | Pathways - Columbia | 403 Dysart Street | Columbia | MO | 65201 | \$70,684 | \$70,684 | \$0 | \$0 | \$0 |
| | 049an | MO750056 | ✖ | Central | Pathways - Columbia (117 North Garth) | 117 North Garth Ave | Columbia | MO | 65203 | \$8,831 | \$8,831 | \$368 | \$0 | \$0 |
| | 049ak | MO902269 | ✖ | Central | Pathways - Columbia (201 N Garth - McCambridge) | 201 North Garth Ave | Columbia | MO | 65203 | \$317,899 | \$317,899 | \$310,778 | \$0 | \$0 |
| | 049w | MO103918 | ✖ | Southwest | Pathways - El Dorado Springs | 107 West Broadway Street | El Dorado Springs | MO | 64744 | \$22,626 | \$22,626 | \$0 | \$0 | \$0 |
| | 049v | MO106283 | ✖ | Central | Pathways - Eldon | 206 S Mill St | Eldon | MO | 65026 | \$4,384 | \$4,384 | \$0 | \$0 | \$0 |
| | 049av | MO100483 | ✖ | Central | Pathways - Fulton | 2625 Fairway Drive | Fulton | MO | 65251 | \$4,665 | \$4,665 | \$1,409 | \$0 | \$0 |
| | 049be | MO101445 | ✖ | Central | Pathways - Fulton (DOC District 26 Office) | Probation and Parole District 26 Office | Fulton | MO | 65251 | \$393 | \$393 | \$0 | \$0 | \$0 |

| | | | | | | | | | | | | | | |
|--|-------|----------|---|-----------|---|--|----------------|----|-------|-------------|-----------|-------|-----------|-----|
| | 049r | MO103231 | ✖ | Northwest | Pathways - Harrisonville | 300 Galaxie Ave. | Harrisonville | MO | 64701 | \$16,325 | \$16,325 | \$0 | \$0 | \$0 |
| | 049ap | MO100187 | ✖ | Central | Pathways - Jefferson City (Metro Dr) | 227 Metro Drive | Jefferson City | MO | 65109 | \$38,621 | \$38,621 | \$423 | \$0 | \$0 |
| | 049l | MO105814 | ✖ | Central | Pathways - Lebanon | 1216 Deadra Drive | Lebanon | MO | 65536 | \$1,353 | \$1,353 | \$0 | \$0 | \$0 |
| | 049x | MO100865 | ✖ | Northwest | Pathways - Lexington | 819 South 13 Highway | Lexington | MO | 64067 | \$10,530 | \$10,530 | \$0 | \$0 | \$0 |
| | 049bc | MO100927 | ✖ | Central | Pathways - Linn | 106 East Main | Linn | MO | 65051 | \$1,226 | \$1,226 | \$0 | \$0 | \$0 |
| | 049al | MO100179 | ✖ | Central | Pathways - Linn Creek | 1091 Midway Drive | Linn Creek | MO | 65052 | \$208,467 | \$208,467 | \$0 | \$0 | \$0 |
| | 049a | MO106614 | ✖ | Central | Pathways - Marshall | 941 S Cherokee Drive | Marshall | MO | 65340 | \$21,301 | \$21,301 | \$0 | \$0 | \$0 |
| | 049c | MO103801 | ✖ | Southwest | Pathways - Nevada | 107 N Main Street | Nevada | MO | 64772 | \$37,073 | \$37,073 | \$0 | \$0 | \$0 |
| | 049o | MO103124 | ✖ | Northwest | Pathways - Odessa | 1278 W Old Hwy 40 | Odessa | MO | 64076 | \$11,066 | \$11,066 | \$0 | \$0 | \$0 |
| | 049ad | MO101499 | ✖ | Southwest | Pathways - Osceola | 101 Hospital Drive | Osceola | MO | 64776 | \$3,194 | \$3,194 | \$0 | \$0 | \$0 |
| | 049z | MO100808 | ✖ | Northwest | Pathways - Raymore | 1010 Remington Plaza | Raymore | MO | 64083 | \$46,609 | \$46,609 | \$0 | \$0 | \$0 |
| | 049b | MO106218 | ✖ | Southeast | Pathways - Rolla | 1448 E. 10th Street | Rolla | MO | 65401 | \$83,873 | \$83,873 | \$0 | \$0 | \$0 |
| | 049q | MO901543 | ✖ | Northwest | Pathways - Warrensburg (BurkARTH Rd) | 520 C BurkARTH Road | Warrensburg | MO | 64093 | \$20,319 | \$20,319 | \$0 | \$0 | \$0 |
| | 049p | MO103280 | ✖ | Northwest | Pathways - Warrensburg (N. DeVasher) | 703 North Devasher Rd | Warrensburg | MO | 64093 | \$134,906 | \$134,906 | \$0 | \$0 | \$0 |
| | 049g | MO106309 | ✖ | Southwest | Pathways - Warsaw | 17571 North Dam Access | Warsaw | MO | 65355 | \$38,653 | \$38,653 | \$0 | \$0 | \$0 |
| | 049aa | MO106317 | ✖ | Central | Pathways - Waynesville | 704 West Historic Route 66 | Waynesville | MO | 65583 | \$92 | \$92 | \$0 | \$0 | \$0 |
| | 049 | MO901527 | ✖ | Southwest | Pathways Community Behavioral Healthcare, Inc. | 1800 Community Drive | Clinton | MO | 64735 | \$1,053,855 | \$737,968 | \$0 | \$315,887 | \$0 |
| | 053a | MO102159 | ✖ | Central | Phoenix Programs, Inc. | 90 East Leslie Lane | Columbia | MO | 65202 | \$731,988 | \$731,988 | \$0 | \$0 | \$0 |
| | 153m | MO103892 | ✖ | Northwest | Preferred - Brookfield | 1 Center Drive | Brookfield | MO | 64628 | \$30,661 | \$30,661 | \$0 | \$0 | \$0 |
| | 153k | MO105210 | ✖ | Northwest | Preferred - Chillicothe | 96 S Washington St. | Chillicothe | MO | 64601 | \$23,762 | \$23,762 | \$0 | \$0 | \$0 |
| | 153g | MO105780 | ✖ | Central | Preferred - Hannibal | 4355 Paris Gravel Road | Hannibal | MO | 63401 | \$2,195 | \$2,195 | \$0 | \$0 | \$0 |
| | 153b | MO105723 | ✖ | Central | Preferred - Jefferson City (Adams St) | 101 Adams Street | Jefferson City | MO | 65101 | \$56,178 | \$56,178 | \$0 | \$0 | \$0 |
| | 153q | MO100668 | ✖ | Central | Preferred - Jefferson City (Hoover Rd.) | 210 Hoover Road | Jefferson City | MO | 65109 | \$157,450 | \$157,450 | \$0 | \$0 | \$0 |
| | 153ah | MO100922 | ✖ | Southwest | Preferred - Joplin | 5620 West Wildwood Ranch Parkway | Joplin | MO | 64804 | \$337,294 | \$337,294 | \$0 | \$0 | \$0 |
| | 153af | MO106093 | ✖ | Central | Preferred - Kahoka | 137 West Cedar Street | Kahoka | MO | 63445 | \$12,617 | \$12,617 | \$0 | \$0 | \$0 |
| | 153ac | MO102019 | ✖ | Northwest | Preferred - Kansas City | 8333 East Blue Parkway | Kansas City | MO | 64133 | \$52,371 | \$52,371 | \$0 | \$0 | \$0 |
| | 153l | MO101169 | ✖ | Central | Preferred - Kirksville (S. Jamison) | 1101 South Jamison Street | Kirksville | MO | 63501 | \$844,164 | \$441,696 | \$0 | \$402,468 | \$0 |
| | 153ad | MO100624 | ✖ | Eastern | Preferred - Lees Summit | 1260 NE Windsor Drive | Lees Summit | MO | 64086 | \$32,782 | \$32,782 | \$0 | \$0 | \$0 |
| | 153o | MO000025 | ✖ | Northwest | Preferred - Liberty | 7 Westowne Street | Liberty | MO | 64068 | \$96,802 | \$96,802 | \$0 | \$0 | \$0 |

| | | | | | | | | | | | | | | |
|--|-------|----------|---|-----------|--|---------------------------------------|-------------|----|-------|-----------|-----------|-----------|----------|-----|
| | 153ab | MO101479 | ✖ | Northwest | Preferred - Milan | 109 North Main Street | Milan | MO | 63556 | \$14,788 | \$14,788 | \$0 | \$0 | \$0 |
| | 153f | MO105046 | ✖ | Central | Preferred - Moberly | 1715 A South Morley Street | Moberly | MO | 65270 | \$38,515 | \$38,515 | \$0 | \$0 | \$0 |
| | 153aq | MO903879 | ✖ | Southwest | Preferred - Springfield (Catalpa) | 2411 W Catalpa St | Springfield | MO | 65807 | \$157,546 | \$157,546 | \$157,546 | \$0 | \$0 |
| | 153ap | MO101560 | ✖ | Southwest | Preferred - Springfield (Glenstone) | 1111 S Glenstone | Springfield | MO | 65804 | \$341 | \$341 | \$341 | \$0 | \$0 |
| | 153ao | MO102252 | ✖ | Eastern | Preferred - St Louis (Newstead Ave) | 4411 North Newstead Avenue, 2nd Floor | St. Louis | MO | 63115 | \$38,047 | \$38,047 | \$0 | \$0 | \$0 |
| | 153e | MO105715 | ✖ | Eastern | Preferred - St. Charles | 2 Westbury Drive | St. Charles | MO | 63301 | \$104,955 | \$104,955 | \$0 | \$0 | \$0 |
| | 153j | MO105038 | ✖ | Northwest | Preferred - St. Joseph | 3510 Frederick Ave. | St. Joseph | MO | 64506 | \$20,662 | \$20,662 | \$0 | \$0 | \$0 |
| | 153c | MO000024 | ✖ | Eastern | Preferred - St. Louis (Miami) | 2639 Miami Street, 4th Floor | St. Louis | MO | 63118 | \$100,944 | \$100,944 | \$0 | \$0 | \$0 |
| | 153w | MO100503 | ✖ | Eastern | Preferred - St. Louis (Northrup) | 5025 Northrup Avenue | St. Louis | MO | 63110 | \$73,398 | \$73,398 | \$0 | \$0 | \$0 |
| | 153d | MO100567 | ✖ | Eastern | Preferred - St. Louis (S. Broadway) | 3800 South Broadway | St. Louis | MO | 63118 | \$192,702 | \$192,702 | \$0 | \$0 | \$0 |
| | 153n | MO103900 | ✖ | Northwest | Preferred - Trenton | 1628 Oklahoma Avenue | Trenton | MO | 64683 | \$203,066 | \$203,066 | \$0 | \$0 | \$0 |
| | 153al | MO101648 | ✖ | Eastern | Preferred - Troy | 101 West College, Suite 1 | Troy | MO | 63379 | \$18,003 | \$18,003 | \$0 | \$0 | \$0 |
| | 153am | MO101090 | ✖ | Eastern | Preferred - Union | 20 South Church Street | Union | MO | 63084 | \$8,837 | \$8,837 | \$0 | \$0 | \$0 |
| | 153an | MO101650 | ✖ | Eastern | Preferred - Wentzville | 1776 Crosswinds Drive | Wentzville | MO | 63385 | \$10,455 | \$10,455 | \$0 | \$0 | \$0 |
| | 1648 | X | ✖ | Southeast | Prevention Consultants | 104 E. Seventh Street | Rolla | MO | 65401 | \$99,815 | \$0 | \$0 | \$99,815 | \$0 |
| | 189 | MO100591 | ✖ | Eastern | Queen Of Peace Center | 325 N. Newstead Ave | St. Louis | MO | 63108 | \$263,393 | \$263,393 | \$263,393 | \$0 | \$0 |
| | 057d | MO100864 | ✖ | Northwest | ReDiscover | 901 NE Independence Avenue | Lees Summit | MO | 64086 | \$12,570 | \$12,570 | \$12,570 | \$0 | \$0 |
| | 057j | MO101436 | ✖ | Northwest | ReDiscover - KC (Catherine's Place) | 3720 Gillham Road | Kansas City | MO | 64171 | \$23,378 | \$23,378 | \$23,378 | \$0 | \$0 |
| | 057f | MO104262 | ✖ | Northwest | ReDiscover - KC (East 117th) | 6801 East 117th Street | Kansas City | MO | 64134 | \$4,261 | \$4,261 | \$4,261 | \$0 | \$0 |
| | 057g | MO101517 | ✖ | Northwest | ReDiscover - KC (East Armour) | 301 East Armour Blvd. | Kansas City | MO | 64111 | \$167,942 | \$167,942 | \$167,942 | \$0 | \$0 |
| | 057i | MO101786 | ✖ | Northwest | ReDiscover - Lees Summit (Columbus) | 927 NE Columbus | Lees Summit | MO | 64086 | \$59,068 | \$59,068 | \$46,318 | \$0 | \$0 |
| | 057k | MO102287 | ✖ | Northwest | ReDiscover - Lees Summit (Swan Circle) | 622 Swan Circle | Lees Summit | MO | 64086 | \$247 | \$247 | \$0 | \$0 | \$0 |
| | 089b | MO101033 | ✖ | Eastern | Salvation Army - Harbor Light Center | 1130 Hampton Avenue | St. Louis | MO | 63139 | \$43,492 | \$43,492 | \$0 | \$0 | \$0 |
| | 089a | MO750403 | ✖ | Eastern | Salvation Army - Washington | 3010 Washington Ave | St. Louis | MO | 63103 | \$550,981 | \$550,981 | \$0 | \$0 | \$0 |
| | 183 | MO100716 | ✖ | Northwest | Samuel U Rodgers Health Center | 2701 East 31 Street | Kansas City | MO | 64128 | \$653,389 | \$653,389 | \$0 | \$0 | \$0 |
| | 1651 | X | ✖ | Northwest | SAVE Inc | PO Box 45301 | Kansas City | MO | 64171 | \$1,250 | \$1,250 | \$0 | \$0 | \$0 |
| | 158j | MO103165 | ✖ | Southeast | SEMOBH - Cuba | 312 N Franklin Street | Cuba | MO | 65453 | \$8,922 | \$8,922 | \$0 | \$0 | \$0 |
| | 158d | MO105095 | ✖ | Southeast | SEMOBH - Dexter | 1526 West Business Highway 60 | Dexter | MO | 63841 | \$16,331 | \$16,331 | \$0 | \$0 | \$0 |

| | | | | | | | | | | | | | | |
|-------|------|----------|---|-----------|--|---|---------------------|----|-------|--------------|--------------|-------------|-------------|-----|
| | 158o | MO101468 | X | Southeast | SEMOBH - Doniphan | 104 A Washington Street | Doniphan | MO | 63935 | \$1,239 | \$1,239 | \$0 | \$0 | \$0 |
| | 158c | MO902319 | X | Southeast | SEMOBH - Farmington | 5536 Highway 32 | Farmington | MO | 63640 | \$19,436 | \$19,436 | \$0 | \$0 | \$0 |
| | 158p | MO101451 | X | Southeast | SEMOBH - Farmington (DOC District 12 Office) | Probation and Parole District 12 Office | Farmington | MO | 63640 | \$10,572 | \$10,572 | \$0 | \$0 | \$0 |
| | 158b | MO103157 | X | Southeast | SEMOBH - Houston | 1597 North Hwy. 63 | Houston | MO | 65483 | \$8,525 | \$8,525 | \$0 | \$0 | \$0 |
| | 158l | MO100928 | X | Southeast | SEMOBH - Ironton | 143 South Main Street | Ironton | MO | 63650 | \$1,022 | \$1,022 | \$0 | \$0 | \$0 |
| | 158t | MO101518 | X | Southeast | SEMOBH - Owensville | 1014 West Highway 28 | Owensville | MO | 65066 | \$4,360 | \$4,360 | \$0 | \$0 | \$0 |
| | 158f | MO106705 | X | Southeast | SEMOBH - Park Hills (528 E Main) | 528 East Main Street | Park Hills | MO | 63601 | \$348 | \$348 | \$0 | \$0 | \$0 |
| | 158q | MO101469 | X | Southeast | SEMOBH - Piedmont | 216 Piedmont Avenue | Piedmont | MO | 63957 | \$4,205 | \$4,205 | \$0 | \$0 | \$0 |
| | 158i | MO102289 | X | Southeast | SEMOBH - Pilot Knob (St. Mary) | 200 St. Mary St. | Pilot Knob | MO | 63663 | \$2,716 | \$2,716 | \$0 | \$0 | \$0 |
| | 158r | MO101471 | X | Southeast | SEMOBH - Poplar Bluff (DOC District 25 Office) | Parole and Probation District 25 Office | Poplar Bluff | MO | 63901 | \$307 | \$307 | \$0 | \$0 | \$0 |
| | 158a | MO000022 | X | Southeast | SEMOBH - Poplar Bluff (S Main) | 101 South Main Street | Poplar Bluff | MO | 63901 | \$159,968 | \$159,968 | \$0 | \$0 | \$0 |
| | 158h | MO000021 | X | Southeast | SEMOBH - Poplar Bluff (Warrior Lane) | 3150 Warrior Lane | Poplar Bluff | MO | 63901 | \$19,216 | \$19,216 | \$0 | \$0 | \$0 |
| | 158z | MO100006 | X | Southeast | SEMOBH - Potosi (Southtowne Dr) | 1 Southtowne Drive | Potosi | MO | 63664 | \$13,396 | \$13,396 | \$0 | \$0 | \$0 |
| | 158k | MO103140 | X | Southeast | SEMOBH - Rolla | 1051 Kingshighway | Rolla | MO | 65401 | \$11,423 | \$11,423 | \$0 | \$0 | \$0 |
| | 158g | MO903853 | X | Southeast | SEMOBH - Salem (203 N Grand) | 203 North Grand Street | Salem | MO | 65560 | \$130,153 | \$130,153 | \$0 | \$0 | \$0 |
| | 158s | MO101470 | X | Southeast | SEMOBH - Van Buren | 401 North Main Street | Van Buren | MO | 63965 | \$1,041 | \$1,041 | \$0 | \$0 | \$0 |
| | 158m | MO903259 | X | Southeast | Southeast Missouri Behavioral Health, Inc. | 512 East Main Street | Park Hills | MO | 63601 | \$204,361 | \$127,979 | \$0 | \$76,382 | \$0 |
| | 1694 | X | X | Southeast | Southeast Missouri State University | One University Plaza | Cape Girardeau | MO | 63701 | \$68,272 | \$0 | \$0 | \$68,272 | \$0 |
| | 087a | MO106598 | X | Northwest | Swope Health Services | 3801 Blue Parkway | Kansas City | MO | 64130 | \$199,379 | \$47,626 | \$0 | \$151,753 | \$0 |
| | 087b | MO903127 | X | Northwest | Swope Health Services - Kansas City (51st St) | 3950 E 51st Street | Kansas City | MO | 64130 | \$477,438 | \$477,438 | \$0 | \$0 | \$0 |
| | 185a | MO101342 | X | Northwest | Tri-County - KC (NE Russell) | 1520 NE Russell Road | Kansas City | MO | 64116 | \$50,356 | \$0 | \$0 | \$50,356 | \$0 |
| | 1650 | X | X | Southwest | United Way of the Ozarks | 320 North Jefferson | 320 North Jefferson | MO | 65806 | \$307,774 | \$0 | \$0 | \$307,774 | \$0 |
| | 407 | X | X | Statewide | University of MO - Columbia | Sponsored Programs Admin 310 | Columbia | MO | 65211 | \$506,081 | \$0 | \$0 | \$506,081 | \$0 |
| | 408 | X | X | Statewide | University of MO - St. Louis | 1 University Blvd 341 Woods Hall | St. Louis | MO | 63121 | \$178,362 | \$0 | \$0 | \$178,362 | \$0 |
| | 269 | MO105087 | X | Eastern | Westend Clinic | 5736 West Florissant Ave | St. Louis | MO | 63120 | \$647,235 | \$647,235 | \$0 | \$0 | \$0 |
| Total | | | | | | | | | | \$23,437,656 | \$17,736,813 | \$1,910,621 | \$5,700,843 | \$0 |

* Indicates the imported record has an error.

Footnotes:

The sum of Table 4, row 1 (\$17,736,518) plus Table 4, row 4 (\$295) is equal to Table 7, Column B (\$17,736,813).

III: Expenditure Reports

Table 8a - Maintenance of Effort for State Expenditures for SAPT

Did the State or Jurisdiction have any non-recurring expenditures for a specific purpose which were not included in the MOE calculation?

Yes ☐ No ☒

If yes, specify the amount and the State fiscal year: _____

Did the State or Jurisdiction include these funds in previous year MOE calculations?

Yes ☐ No ☐

When did the State submit an official request to the SAMHSA Administrator to exclude these funds from the MOE calculations? _____

| Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment | | |
|---|---------------------|--|
| Period (A) | Expenditures (B) | <u>B1(2013) + B2(2014)</u> 2 (C) |
| SFY 2013 (1) | \$54,514,948 | |
| SFY 2014 (2) | \$57,225,305 | \$55,870,127 |
| SFY 2015 (3) | \$58,177,400 | |

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2013 Yes ☒ No ☐

SFY 2014 Yes ☒ No ☐

SFY 2015 Yes ☒ No ☐

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: _____

Footnotes:

Total State Expenditures equal \$43,919,910 plus the state portion of Medicaid Match \$14,257,490 for a total state expenditures of \$58,177,400.

III: Expenditure Reports

Table 8b - Base and Maintenance of Effort for State Expenditures for TB

| State Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment BASE | | | | |
|---|---|---|---|--|
| Period | Total of All State Funds Spent on TB Services | % of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment | Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B) | Average of Column C1 and C2 $\frac{C1+C2}{2}$ (MOE BASE) |
| (A) | (B) | (C) | (D) | |
| SFY 1991 (1) | \$421,670 | 0.06% | \$253 | |
| SFY 1992 (2) | \$455,117 | 0.50% | \$2,276 | \$1,264 |

| State Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment MAINTENANCE | | | |
|--|---|---|---|
| Period | Total of All State Funds Spent on TB Services | % of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment | Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B) |
| (A) | (B) | (C) | |
| SFY 2015 (3) | \$337,016 | 6.69% | \$22,543 |

Footnotes:

Amount is actual expenditures from the Departments of Mental Health (DMH), Corrections, Social Services, and Health and Senior Services. The methodology is the same as that of the prior year. The Department of Corrections provides aggregated costs of TB services to inmates in correctional facilities, and associated costs to those inmates in institutional substance abuse treatment programs. The Department of Health and Senior Services provides aggregated non-federal costs of the number of clients treated for TB at local health departments. In addition, non-federal cost of the TB tests performed at local health departments is computed for clients referred from DMH-funded substance abuse treatment programs. The Department of Social Services provides statewide expenditures for claims with TB diagnosis codes per the Missouri Medicaid Management Information System. State Medicaid expenditures for TB treatment provided by DMH-funded substance abuse treatment programs represent the proportion of expenditures that were spent on substance abusers. The final component of TB cost determination is from the DMH information system which captures services delivered to consumers by service code. The payments for these non-Medicaid TB services were summed and segregated by funding source (Non-Federal or State Funds.)

III: Expenditure Reports

Table 8c - Base and Maintenance of Effort for Expenditures for HIV Early Intervention Services

Enter the year in which your State last became a designated State, Federal Fiscal Year . Enter the 2 prior years' expenditure data in A1 and A2. Compute the average of the amounts in boxes A1 and A2. Enter the resulting average (MOE Base) in box B2.

| State Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment BASE | | |
|---|--|---|
| Period | Total of All State Funds Spent on Early Intervention Services for HIV (A) | Average of Columns A1 and A2 $\frac{A1+A2}{2}$ (MOE Base) (B) |
| (1) SFY <u>1991</u> | \$0 | |
| (2) SFY <u>1992</u> | \$0 | \$0 |

| Statewide Non-Federal Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment MAINTENANCE | | |
|--|--|-----|
| Period | Total of All State Funds Spent on Early Intervention Services for HIV (A) | |
| (3) SFY 2015 | | \$0 |

Footnotes:

Missouri is not an HIV designated state.

III: Expenditure Reports

Table 8d - Expenditures for Services to Pregnant Women and Women with Dependent Children

| Expenditures for Services to Pregnant Women and Women with Dependent Children | | |
|---|---------------------------|---------------------------|
| Period | Total Women's Base (A) | Total Expenditures (B) |
| SFY 1994 | \$7,728,020 | |
| SFY 2013 | | \$10,084,243 |
| SFY 2014 | | \$9,720,572 |
| SFY 2015 | | \$9,808,612 |
| Enter the amount the State plans to expend in 2016 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Table IV Maintenance - Box A (1994)): \$ <u>9808612.00</u> | | |

Footnotes:

IV: Populations and Services Reports

Table 9 - Prevention Strategy Report

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2014

| Column A (Risks) | Column B (Strategies) | Column C (Providers) |
|-------------------------------|---|----------------------|
| Children of substance abusers | 1. Information Dissemination | |
| | 1. Clearinghouse/information resources centers | 13 |
| | 2. Resources directories | 13 |
| | 4. Brochures | 23 |
| | 7. Health fairs and other health promotion, e.g., conferences, meetings, seminars | 14 |
| | 8. Information lines/Hot lines | 1 |
| | 2. Education | |
| | 1. Parenting and family management | 3 |
| | 3. Alternatives | |
| | 6. Recreation activities | 12 |
| | 4. Problem Identification and Referral | |
| | 4. School Screenings | 4 |
| | 5. Community-Based Process | |
| | 1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training | 18 |
| | 2. Systematic planning | 12 |
| | 3. Multi-agency coordination and collaboration/coalition | 13 |
| | 4. Community team-building | 12 |
| | 5. Accessing services and funding | 12 |
| | 6. Environmental | |
| | 1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools | 11 |
| | 2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs | 12 |
| Pregnant women/teens | 1. Information Dissemination | |
| | 1. Clearinghouse/information resources centers | 13 |
| | 2. Resources directories | 13 |

| | | |
|---------------------------------|--|----|
| | 4. Brochures | 23 |
| | 7. Health fairs and other health promotion, e.g., conferences, meetings, seminars | 14 |
| | 8. Information lines/Hot lines | 1 |
| | 3. Alternatives | |
| | 6. Recreation activities | 12 |
| | 4. Problem Identification and Referral | |
| | 4. School Screenings | 4 |
| | 5. Community-Based Process | |
| | 1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training | 18 |
| | 2. Systematic planning | 12 |
| | 3. Multi-agency coordination and collaboration/coalition | 13 |
| | 4. Community team-building | 12 |
| | 5. Accessing services and funding | 12 |
| Drop-outs | 1. Information Dissemination | |
| | 1. Clearinghouse/information resources centers | 13 |
| | 2. Resources directories | 13 |
| | 4. Brochures | 23 |
| | 7. Health fairs and other health promotion, e.g., conferences, meetings, seminars | 14 |
| | 8. Information lines/Hot lines | 1 |
| | 3. Alternatives | |
| | 6. Recreation activities | 12 |
| | 5. Community-Based Process | |
| | 1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training | 18 |
| | 2. Systematic planning | 12 |
| | 3. Multi-agency coordination and collaboration/coalition | 13 |
| | 4. Community team-building | 12 |
| | 5. Accessing services and funding | 12 |
| Violent and delinquent behavior | 1. Information Dissemination | |
| | 1. Clearinghouse/information resources centers | 13 |
| | 2. Resources directories | 12 |
| | 4. Brochures | 23 |

| | | |
|------------------------|---|----|
| | 7. Health fairs and other health promotion, e.g., conferences, meetings, seminars | 14 |
| | 8. Information lines/Hot lines | 1 |
| | 2. Education | |
| | 4. Education programs for youth groups | 18 |
| | 3. Alternatives | |
| | 6. Recreation activities | 12 |
| | 4. Problem Identification and Referral | |
| | 4. School Screenings | 4 |
| | 5. Community-Based Process | |
| | 1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training | 18 |
| | 2. Systematic planning | 12 |
| | 3. Multi-agency coordination and collaboration/coalition | 13 |
| | 4. Community team-building | 12 |
| | 5. Accessing services and funding | 12 |
| | 6. Environmental | |
| | 1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools | 11 |
| | 2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs | 12 |
| | 1. Information Dissemination | |
| | 1. Clearinghouse/information resources centers | 13 |
| | 2. Resources directories | 13 |
| | 4. Brochures | 23 |
| | 7. Health fairs and other health promotion, e.g., conferences, meetings, seminars | 14 |
| | 8. Information lines/Hot lines | 1 |
| | 2. Education | |
| Mental health problems | 1. Parenting and family management | 3 |
| | 3. Alternatives | |
| | 6. Recreation activities | 12 |
| | 4. Problem Identification and Referral | |
| | 4. School Screenings | 4 |

| | | |
|----------------------------|---|----|
| | 5. Community-Based Process | |
| | 1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training | 18 |
| | 2. Systematic planning | 12 |
| | 3. Multi-agency coordination and collaboration/coalition | 13 |
| | 4. Community team-building | 12 |
| | 5. Accessing services and funding | 12 |
| | 6. Environmental | |
| | 1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools | 11 |
| | 2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs | 12 |
| | 1. Information Dissemination | |
| | 1. Clearinghouse/information resources centers | 13 |
| | 2. Resources directories | 13 |
| | 4. Brochures | 23 |
| | 7. Health fairs and other health promotion, e.g., conferences, meetings, seminars | 14 |
| | 8. Information lines/Hot lines | 1 |
| | 2. Education | |
| Economically disadvantaged | 1. Parenting and family management | 3 |
| | 2. Ongoing classroom and/or small group sessions | 8 |
| | 5. Mentors | 3 |
| | 3. Alternatives | |
| | 2. Youth/adult leadership activities | 5 |
| | 6. Recreation activities | 12 |
| | 4. Problem Identification and Referral | |
| | 4. School Screenings | 4 |
| | 5. Community-Based Process | |
| | 1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training | 18 |
| | 2. Systematic planning | 12 |
| | 3. Multi-agency coordination and collaboration/coalition | 13 |
| | 4. Community team-building | 12 |

| | | |
|---------------------|---|----|
| | 5. Accessing services and funding | 12 |
| | 6. Environmental | |
| | 1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools | 11 |
| | 2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs | 12 |
| | 1. Information Dissemination | |
| | 1. Clearinghouse/information resources centers | 13 |
| | 2. Resources directories | 13 |
| | 4. Brochures | 23 |
| | 8. Information lines/Hot lines | 1 |
| | 3. Alternatives | |
| Physically disabled | 6. Recreation activities | 12 |
| | 4. Problem Identification and Referral | |
| | 4. School Screenings | 4 |
| | 5. Community-Based Process | |
| | 1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training | 18 |
| | 2. Systematic planning | 12 |
| | 3. Multi-agency coordination and collaboration/coalition | 13 |
| | 4. Community team-building | 12 |
| | 5. Accessing services and funding | 12 |
| | 1. Information Dissemination | |
| | 1. Clearinghouse/information resources centers | 13 |
| | 2. Resources directories | 13 |
| | 4. Brochures | 23 |
| Abuse victims | 8. Information lines/Hot lines | 1 |
| | 3. Alternatives | |
| | 6. Recreation activities | 12 |
| | 4. Problem Identification and Referral | |
| | 4. School Screenings | 4 |
| | 5. Community-Based Process | |
| | 1. Community and volunteer training, e.g., neighborhood action training, impactor- | 18 |

| | | |
|-------------------------------|--|----|
| | training, staff/officials training | |
| | 2. Systematic planning | 12 |
| | 3. Multi-agency coordination and collaboration/coalition | 13 |
| | 4. Community team-building | 12 |
| | 5. Accessing services and funding | 12 |
| Already using substances | 1. Information Dissemination | |
| | 1. Clearinghouse/information resources centers | 13 |
| | 2. Resources directories | 13 |
| | 4. Brochures | 23 |
| | 8. Information lines/Hot lines | 1 |
| | 3. Alternatives | |
| | 6. Recreation activities | 12 |
| | 4. Problem Identification and Referral | |
| | 4. School Screenings | 4 |
| | 5. Community-Based Process | |
| | 1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training | 18 |
| | 2. Systematic planning | 12 |
| | 3. Multi-agency coordination and collaboration/coalition | 13 |
| | 4. Community team-building | 12 |
| | 5. Accessing services and funding | 12 |
| Homeless and/or runaway youth | 1. Information Dissemination | |
| | 1. Clearinghouse/information resources centers | 13 |
| | 2. Resources directories | 13 |
| | 4. Brochures | 23 |
| | 7. Health fairs and other health promotion, e.g., conferences, meetings, seminars | 14 |
| | 8. Information lines/Hot lines | 1 |
| | 3. Alternatives | |
| | 6. Recreation activities | 12 |
| | 4. Problem Identification and Referral | |
| | 4. School Screenings | 4 |
| | 5. Community-Based Process | |
| | 3. Multi-agency coordination and collaboration/coalition | 13 |

Footnotes:

IV: Populations and Services Reports

Table 10 - Treatment Utilization Matrix

Expenditure Period Start Date: 7/1/2014 Expenditure Period End Date: 6/30/2015

| Level of Care | Number of Admissions \geq Number of Persons Served | | Costs per Person | | |
|-------------------------------|--|------------------------------|---------------------------|-----------------------------|--------------------------------|
| | Number of Admissions (A) | Number of Persons Served (B) | Mean Cost of Services (C) | Median Cost of Services (D) | Standard Deviation of Cost (E) |
| DETOXIFICATION (24-HOUR CARE) | | | | | |
| 1. Hospital Inpatient | 235 | 220 | \$1,577 | \$1,397 | \$1,104 |
| 2. Free-Standing Residential | 5837 | 4724 | \$978 | \$393 | \$1,306 |
| REHABILITATION/RESIDENTIAL | | | | | |
| 3. Hospital Inpatient | 0 | 0 | \$0 | \$0 | \$0 |
| 4. Short-term (up to 30 days) | 8197 | 7329 | \$4,383 | \$2,946 | \$4,748 |
| 5. Long-term (over 30 days) | 0 | 0 | \$0 | \$0 | \$0 |
| AMBULATORY (OUTPATIENT) | | | | | |
| 6. Outpatient | 13308 | 12510 | \$884 | \$696 | \$996 |
| 7. Intensive Outpatient | 19590 | 17270 | \$1,669 | \$992 | \$1,893 |
| 8. Detoxification | 0 | 0 | \$0 | \$0 | \$0 |
| OPIOID REPLACEMENT THERAPY | | | | | |
| 9. Opioid Replacement Therapy | 662 | 595 | \$1,748 | \$1,466 | \$1,154 |
| 10. ORT Outpatient | 0 | 0 | \$0 | \$0 | \$0 |

Footnotes:

IV: Populations and Services Reports

Table 11 - Unduplicated Count of Persons

Expenditure Period Start Date: 7/1/2014 Expenditure Period End Date: 6/30/2015

| Age | A. Total | B. WHITE | | C. BLACK OR AFRICAN AMERICAN | | D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER | | E. ASIAN | | F. AMERICAN INDIAN / ALASKA NATIVE | | G. MORE THAN ONE RACE REPORTED | | H. Unknown | | I. NOT HISPANIC OR LATINO | | J. HISPANIC OR LATINO | |
|---|----------|----------|--------|------------------------------------|--------|--|--------|----------|--------|--|--------|--------------------------------------|--------|------------|--------|------------------------------|--------|--------------------------|--------|
| | | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female |
| 1. 17 and Under | 1934 | 903 | 517 | 251 | 48 | 2 | 0 | 2 | 3 | 6 | 3 | 72 | 52 | 48 | 27 | 1227 | 611 | 57 | 39 |
| 2. 18 - 24 | 4498 | 2129 | 1422 | 483 | 192 | 2 | 0 | 4 | 3 | 8 | 5 | 94 | 73 | 63 | 20 | 2695 | 1675 | 88 | 40 |
| 3. 25 - 44 | 16916 | 7919 | 5392 | 2071 | 814 | 12 | 3 | 24 | 9 | 23 | 18 | 247 | 188 | 144 | 52 | 10216 | 6360 | 224 | 116 |
| 4. 45 - 64 | 6639 | 3310 | 1386 | 1308 | 422 | 1 | 0 | 3 | 4 | 10 | 9 | 85 | 31 | 64 | 6 | 4689 | 1847 | 92 | 11 |
| 5. 65 and Over | 236 | 146 | 33 | 47 | 7 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 193 | 42 | 1 | 0 |
| 6. Total | 30223 | 14407 | 8750 | 4160 | 1483 | 17 | 3 | 33 | 20 | 47 | 36 | 499 | 344 | 319 | 105 | 19020 | 10535 | 462 | 206 |
| 7. Pregnant Women | 554 | | 422 | | 100 | | 0 | | 1 | | 1 | | 26 | | 4 | | 544 | | 10 |
| Number of persons served who were admitted in a period prior to the 12 month reporting period | | 11048 | | | | | | | | | | | | | | | | | |
| Number of persons served outside of the levels of care described on Table 10 | | 8898 | | | | | | | | | | | | | | | | | |
| Footnotes: | | | | | | | | | | | | | | | | | | | |

IV: Populations and Services Reports

Table 12 - HIV Designated States Early Intervention Services

Expenditure Period Start Date: 7/1/2014 Expenditure Period End Date: 6/30/2015

| Early Intervention Services for Human Immunodeficiency Virus (HIV) | | |
|--|------------------|--------------|
| 1. Number of SAPT HIV EIS programs funded in the State | Statewide: _____ | Rural: _____ |
| 2. Total number of individuals tested through SAPT HIV EIS funded programs | | |
| 3. Total number of HIV tests conducted with SAPT HIV EIS funds | | |
| 4. Total number of tests that were positive for HIV | | |
| 5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection | | |
| 6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period | | |
| Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services: | | |
| <p>Footnotes:</p> <p>Missouri is not an HIV designated state.</p> | | |

IV: Populations and Services Reports

Table 13 - Charitable Choice

Expenditure Period Start Date: 7/1/2014 Expenditure Period End Date: 6/30/2015

Notice to Program Beneficiaries - Check all that apply:

- ☒ Used model notice provided in final regulation.
- ☐ Used notice developed by State (please attach a copy to the Report).
- ☒ State has disseminated notice to religious organizations that are providers.
- ☒ State requires these religious organizations to give notice to all potential beneficiaries.

Referrals to Alternative Services - Check all that apply:

- ☐ State has developed specific referral system for this requirement.
- ☒ State has incorporated this requirement into existing referral system(s).
- ☒ SAMHSA's Treatment Facility Locator is used to help identify providers.
- ☒ Other networks and information systems are used to help identify providers.
- ☒ State maintains record of referrals made by religious organizations that are providers.
- ☐ _____ Enter total number of referrals necessitated by religious objection to other substance abuse providers ("alternative providers"), as defined above, made in previous fiscal year. Provide total only; no information on specific referrals required.

Brief description (one paragraph) of any training for local governments and faith-based and community organizations on these requirements.

The Access to Recovery grant supports a voucher-based program, of which consumer choice is fundamental. Each consumer served can choose between at least two service providers, to which at least one they have no religious objection. That basic premise is repeated in all ATR policies and trainings. GPRA trainings and regional ATR trainings and meetings all reinforce consumer choice as a core aspect of ATR. Additionally, a free-choice statement is printed on every ATR voucher.

Footnotes:

V: Performance Indicators and Accomplishments

Table 14 - Treatment Performance Measure Employment/Education Status (From Admission to Discharge)

Short-term Residential(SR)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

| | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of clients employed or student (full-time and part-time) [numerator] | 822 | 817 |
| Total number of clients with non-missing values on employment/student status [denominator] | 3,897 | 3,897 |
| Percent of clients employed or student (full-time and part-time) | 21.1 % | 21.0 % |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 2,107 |
| Number of CY 2014 discharges submitted: | | 4,323 |
| Number of CY 2014 discharges linked to an admission: | | 4,289 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | 4,251 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | | 3,897 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Long-term Residential(LR)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients employed or student (full-time and part-time) [numerator] | 0 | 0 |
| Total number of clients with non-missing values on employment/student status [denominator] | 0 | 0 |
| Percent of clients employed or student (full-time and part-time) | 0.0 % | 0.0 % |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 0 |
| Number of CY 2014 discharges submitted: | | 0 |
| Number of CY 2014 discharges linked to an admission: | | 0 |

| | |
|---|---|
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 0 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 0 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Outpatient (OP)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

| | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of clients employed or student (full-time and part-time) [numerator] | 3,803 | 4,371 |
| Total number of clients with non-missing values on employment/student status [denominator] | 7,908 | 7,908 |
| Percent of clients employed or student (full-time and part-time) | 48.1 % | 55.3 % |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 8,406 |
| Number of CY 2014 discharges submitted: | | 11,987 |
| Number of CY 2014 discharges linked to an admission: | | 9,697 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | 8,876 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | | 7,908 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Intensive Outpatient (IO)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients employed or student (full-time and part-time) [numerator] | 5,986 | 6,351 |
| Total number of clients with non-missing values on employment/student status [denominator] | 18,996 | 18,996 |
| Percent of clients employed or student (full-time and part-time) | 31.5 % | 33.4 % |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 19,143 |
| Number of CY 2014 discharges submitted: | | 24,048 |
| Number of CY 2014 discharges linked to an admission: | | 23,070 |

| | |
|---|--------|
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 22,168 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 18,996 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Footnotes:

Missouri has identified an error in its TEDS reporting in that many residential records have been submitted as intensive outpatient records. Corrected TEDS records will be submitted by 10-30-2015. Missouri does not have long-term residential treatment.

V: Performance Indicators and Accomplishments

Table 15 - Treatment Performance Measure Stability of Housing (From Admission to Discharge)

Short-term Residential(SR)

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

| | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of clients in a stable living situation [numerator] | 3,229 | 3,310 |
| Total number of clients with non-missing values on living arrangements [denominator] | 3,749 | 3,749 |
| Percent of clients in stable living situation | 86.1 % | 88.3 % |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 2,107 |
| Number of CY 2014 discharges submitted: | | 4,323 |
| Number of CY 2014 discharges linked to an admission: | | 4,289 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | 4,251 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | | 3,749 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Long-term Residential(LR)

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients in a stable living situation [numerator] | 0 | 0 |
| Total number of clients with non-missing values on living arrangements [denominator] | 0 | 0 |
| Percent of clients in stable living situation | 0.0 % | 0.0 % |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 0 |
| Number of CY 2014 discharges submitted: | | 0 |
| Number of CY 2014 discharges linked to an admission: | | 0 |

| | |
|---|---|
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 0 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 0 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Outpatient (OP)

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

| | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of clients in a stable living situation [numerator] | 7,579 | 7,576 |
| Total number of clients with non-missing values on living arrangements [denominator] | 7,656 | 7,656 |
| Percent of clients in stable living situation | 99.0 % | 99.0 % |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 8,406 |
| Number of CY 2014 discharges submitted: | | 11,987 |
| Number of CY 2014 discharges linked to an admission: | | 9,697 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | 8,876 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | | 7,656 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Intensive Outpatient (IO)

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients in a stable living situation [numerator] | 17,152 | 17,286 |
| Total number of clients with non-missing values on living arrangements [denominator] | 18,131 | 18,131 |
| Percent of clients in stable living situation | 94.6 % | 95.3 % |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 19,143 |
| Number of CY 2014 discharges submitted: | | 24,048 |
| Number of CY 2014 discharges linked to an admission: | | 23,070 |

| | |
|---|--------|
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 22,168 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 18,131 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Footnotes:

Missouri has identified an error in its TEDS reporting in that many residential records have been submitted as intensive outpatient records. Corrected TEDS records will be submitted by 10-30-2015. Missouri does not have long-term residential treatment.

V: Performance Indicators and Accomplishments

Table 16 - Treatment Performance Measure Criminal Justice Involvement (From Admission to Discharge)

Short-term Residential(SR)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

| | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of Clients without arrests [numerator] | 3,317 | 3,482 |
| Total number of Admission and Discharge clients with non-missing values on arrests [denominator] | 3,881 | 3,881 |
| Percent of clients without arrests | 85.5 % | 89.7 % |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 2,107 |
| Number of CY 2014 discharges submitted: | | 4,323 |
| Number of CY 2014 discharges linked to an admission: | | 4,289 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | 4,268 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | | 3,881 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Long-term Residential(LR)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of Clients without arrests [numerator] | 0 | 0 |
| Total number of Admission and Discharge clients with non-missing values on arrests [denominator] | 0 | 0 |
| Percent of clients without arrests | 0.0 % | 0.0 % |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 0 |
| Number of CY 2014 discharges submitted: | | 0 |
| Number of CY 2014 discharges linked to an admission: | | 0 |

| | |
|---|---|
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 0 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 0 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Outpatient (OP)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

| | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of Clients without arrests [numerator] | 7,608 | 7,512 |
| Total number of Admission and Discharge clients with non-missing values on arrests [denominator] | 7,871 | 7,871 |
| Percent of clients without arrests | 96.7 % | 95.4 % |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 8,406 |
| Number of CY 2014 discharges submitted: | | 11,987 |
| Number of CY 2014 discharges linked to an admission: | | 9,697 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | 9,136 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | | 7,871 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Intensive Outpatient (IO)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of Clients without arrests [numerator] | 17,040 | 17,303 |
| Total number of Admission and Discharge clients with non-missing values on arrests [denominator] | 18,715 | 18,715 |
| Percent of clients without arrests | 91.0 % | 92.5 % |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 19,143 |
| Number of CY 2014 discharges submitted: | | 24,048 |
| Number of CY 2014 discharges linked to an admission: | | 23,070 |

| | |
|---|--------|
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 22,873 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 18,715 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Footnotes:

Missouri has identified an error in its TEDS reporting in that many residential records have been submitted as intensive outpatient records. Corrected TEDS records will be submitted by 10-30-2015. Missouri does not have long-term residential treatment.

V: Performance Indicators and Accomplishments

Table 17 - Treatment Performance Measure Change in Abstinence - Alcohol Use (From Admission to Discharge)

Short-term Residential(SR)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients abstinent from alcohol [numerator] | 2,639 | 3,096 |
| All clients with non-missing values on at least one substance/frequency of use [denominator] | 4,102 | 4,102 |
| Percent of clients abstinent from alcohol | 64.3 % | 75.5 % |

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

| | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator] | | 465 |
| Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 1,463 | |
| Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100] | | 31.8 % |

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator] | | 2,631 |
| Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 2,639 | |
| Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100] | | 99.7 % |

Notes (for this level of care):

| | |
|---|-------|
| Number of CY 2014 admissions submitted: | 2,107 |
| Number of CY 2014 discharges submitted: | 4,323 |
| Number of CY 2014 discharges linked to an admission: | 4,289 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 4,268 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 4,102 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file

[Records received through 5/3/2015]

Long-term Residential(LR)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients abstinent from alcohol [numerator] | 0 | 0 |
| All clients with non-missing values on at least one substance/frequency of use [denominator] | 0 | 0 |
| Percent of clients abstinent from alcohol | 0.0 % | 0.0 % |

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

| | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator] | | 0 |
| Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 0 | |
| Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100] | | 0.0 % |

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator] | | 0 |
| Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 0 | |
| Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100] | | 0.0 % |

Notes (for this level of care):

| | |
|---|---|
| Number of CY 2014 admissions submitted: | 0 |
| Number of CY 2014 discharges submitted: | 0 |
| Number of CY 2014 discharges linked to an admission: | 0 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 0 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 0 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Outpatient (OP)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients abstinent from alcohol [numerator] | 7,099 | 8,127 |
| All clients with non-missing values on at least one substance/frequency of use [denominator] | 8,488 | 8,488 |
| Percent of clients abstinent from alcohol | 83.6 % | 95.7 % |

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

| | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator] | | 1,121 |
| Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 1,389 | |
| Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100] | | 80.7 % |

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator] | | 7,006 |
| Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 7,099 | |
| Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100] | | 98.7 % |

Notes (for this level of care):

| | |
|---|--------|
| Number of CY 2014 admissions submitted: | 8,406 |
| Number of CY 2014 discharges submitted: | 11,987 |
| Number of CY 2014 discharges linked to an admission: | 9,697 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 9,136 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 8,488 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Intensive Outpatient (IO)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients abstinent from alcohol [numerator] | 15,800 | 18,438 |

| | | |
|--|--------|--------|
| All clients with non-missing values on at least one substance/frequency of use [denominator] | 20,835 | 20,835 |
| Percent of clients abstinent from alcohol | 75.8 % | 88.5 % |

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator] | | 2,785 |
| Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]) | 5,035 | |
| Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100] | | 55.3 % |

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

| | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator] | | 15,653 |
| Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]) | 15,800 | |
| Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100] | | 99.1 % |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 19,143 |
| Number of CY 2014 discharges submitted: | | 24,048 |
| Number of CY 2014 discharges linked to an admission: | | 23,070 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | 22,873 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | | 20,835 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Footnotes:

Missouri has identified an error in its TEDS reporting in that many residential records have been submitted as intensive outpatient records. Corrected TEDS records will be submitted by 10-30-2015. Missouri does not have long-term residential treatment.

V: Performance Indicators and Accomplishments

Table 18 - Treatment Performance Measure Change in Abstinence - Other Drug Use (From Admission to Discharge)

Short-term Residential(SR)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients abstinent from drugs [numerator] | 1,207 | 2,097 |
| All clients with non-missing values on at least one substance/frequency of use [denominator] | 4,102 | 4,102 |
| Percent of clients abstinent from drugs | 29.4 % | 51.1 % |

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

| | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator] | | 910 |
| Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 2,895 | |
| Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100] | | 31.4 % |

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator] | | 1,187 |
| Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 1,207 | |
| Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100] | | 98.3 % |

Notes (for this level of care):

| | |
|---|-------|
| Number of CY 2014 admissions submitted: | 2,107 |
| Number of CY 2014 discharges submitted: | 4,323 |
| Number of CY 2014 discharges linked to an admission: | 4,289 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 4,268 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 4,102 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file

[Records received through 5/3/2015]

Long-term Residential(LR)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients abstinent from drugs [numerator] | 0 | 0 |
| All clients with non-missing values on at least one substance/frequency of use [denominator] | 0 | 0 |
| Percent of clients abstinent from drugs | 0.0 % | 0.0 % |

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

| | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator] | | 0 |
| Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 0 | |
| Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100] | | 0.0 % |

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator] | | 0 |
| Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 0 | |
| Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100] | | 0.0 % |

Notes (for this level of care):

| | |
|---|---|
| Number of CY 2014 admissions submitted: | 0 |
| Number of CY 2014 discharges submitted: | 0 |
| Number of CY 2014 discharges linked to an admission: | 0 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 0 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 0 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Outpatient (OP)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients abstinent from drugs [numerator] | 7,267 | 7,973 |
| All clients with non-missing values on at least one substance/frequency of use [denominator] | 8,488 | 8,488 |
| Percent of clients abstinent from drugs | 85.6 % | 93.9 % |

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

| | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator] | | 837 |
| Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 1,221 | |
| Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100] | | 68.6 % |

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator] | | 7,136 |
| Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 7,267 | |
| Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100] | | 98.2 % |

Notes (for this level of care):

| | |
|---|--------|
| Number of CY 2014 admissions submitted: | 8,406 |
| Number of CY 2014 discharges submitted: | 11,987 |
| Number of CY 2014 discharges linked to an admission: | 9,697 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 9,136 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 8,488 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Intensive Outpatient (IO)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients abstinent from drugs [numerator] | 10,652 | 15,793 |

| | | |
|--|--------|--------|
| All clients with non-missing values on at least one substance/frequency of use [denominator] | 20,835 | 20,835 |
| Percent of clients abstinent from drugs | 51.1 % | 75.8 % |

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

| | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator] | | 5,454 |
| Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 10,183 | |
| Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100] | | 53.6 % |

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

| | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator] | | 10,339 |
| Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 10,652 | |
| Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100] | | 97.1 % |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 19,143 |
| Number of CY 2014 discharges submitted: | | 24,048 |
| Number of CY 2014 discharges linked to an admission: | | 23,070 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | 22,873 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | | 20,835 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Footnotes:

Missouri has identified an error in its TEDS reporting in that many residential records have been submitted as intensive outpatient records. Corrected TEDS records will be submitted by 10-30-2015. Missouri does not have long-term residential treatment.

V: Performance Indicators and Accomplishments

Table 19 - Treatment Performance Measure Change in Social Support Of Recovery (From Admission to Discharge)

Short-term Residential(SR)

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

| | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of clients attending self-help programs [numerator] | 652 | 1,158 |
| Total number of clients with non-missing values on self-help attendance [denominator] | 3,838 | 3,838 |
| Percent of clients attending self-help programs | 17.0 % | 30.2 % |
| Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1] | 13.2 % | |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | | 2,107 |
| Number of CY 2014 discharges submitted: | | 4,323 |
| Number of CY 2014 discharges linked to an admission: | | 4,289 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | 4,268 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | | 3,838 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Long-term Residential(LR)

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

| | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of clients attending self-help programs [numerator] | 0 | 0 |
| Total number of clients with non-missing values on self-help attendance [denominator] | 0 | 0 |
| Percent of clients attending self-help programs | 0.0 % | 0.0 % |
| Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1] | 0.0 % | |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | 0 | |
| Number of CY 2014 discharges submitted: | 0 | |

| | |
|---|---|
| Number of CY 2014 discharges linked to an admission: | 0 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 0 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 0 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Outpatient (OP)

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

| | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of clients attending self-help programs [numerator] | 2,121 | 2,517 |
| Total number of clients with non-missing values on self-help attendance [denominator] | 7,605 | 7,605 |
| Percent of clients attending self-help programs | 27.9 % | 33.1 % |
| Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1] | 5.2 % | |
| Notes (for this level of care): | | |
| Number of CY 2014 admissions submitted: | 8,406 | |
| Number of CY 2014 discharges submitted: | 11,987 | |
| Number of CY 2014 discharges linked to an admission: | 9,697 | |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 9,136 | |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 7,605 | |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Intensive Outpatient (IO)

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

| | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of clients attending self-help programs [numerator] | 3,795 | 5,006 |
| Total number of clients with non-missing values on self-help attendance [denominator] | 18,214 | 18,214 |
| Percent of clients attending self-help programs | 20.8 % | 27.5 % |
| Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1] | 6.6 % | |
| Notes (for this level of care): | | |

| | |
|---|--------|
| Number of CY 2014 admissions submitted: | 19,143 |
| Number of CY 2014 discharges submitted: | 24,048 |
| Number of CY 2014 discharges linked to an admission: | 23,070 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 22,873 |
| Number of CY 2014 linked discharges eligible for this calculation (non-missing values): | 18,214 |

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Footnotes:

Missouri has identified an error in its TEDS reporting in that many residential records have been submitted as intensive outpatient records. Corrected TEDS records will be submitted by 10-30-2015. Missouri does not have long-term residential treatment.

V: Performance Indicators and Accomplishments

Table 20 - Retention - Length of Stay (in Days) of Clients Completing Treatment

Use Prepopulated Data

Most recent year for which data are available

From:
7/1/2014

To:
6/30/2015

| Level of Care | Average | Median | Interquartile Range |
|-------------------------------|----------|----------|---------------------|
| DETOXIFICATION (24-HOUR CARE) | | | |
| 1. Hospital Inpatient | 3.1800 | 2.0000 | 3.00 |
| 2. Free-Standing Residential | 4.1300 | 3.0000 | 2.00 |
| REHABILITATION/RESIDENTIAL | | | |
| 3. Hospital Inpatient | | | |
| 4. Short-term (up to 30 days) | 25.2500 | 20.0000 | 18.00 |
| 5. Long-term (over 30 days) | | | |
| AMBULATORY (OUTPATIENT) | | | |
| 6. Outpatient | 103.1300 | 76.0000 | 85.00 |
| 7. Intensive Outpatient | 81.7600 | 54.0000 | 100.00 |
| 8. Detoxification | | | |
| OPIOID REPLACEMENT THERAPY | | | |
| 9. Opioid Replacement Therapy | 389.7300 | 103.0000 | 334.50 |
| 10. ORT Outpatient | | | |

Footnotes:

V: Performance Indicators and Accomplishments

Table 21 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: 30 Day Use

| A. Measure | B. Question/Response | C. Pre- populated Data | D. Approved Substitute Data |
|---|---|---------------------------------|--------------------------------------|
| 1. 30-day Alcohol Use | Source Survey Item: NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used alcohol during the past 30 days. | | |
| | Age 12 - 17 - CY 2012 - 2013 | 12.8 | <input type="text"/> |
| | Age 18+ - CY 2012 - 2013 | 56.4 | <input type="text"/> |
| 2. 30-day Cigarette Use | Source Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days. | | |
| | Age 12 - 17 - CY 2012 - 2013 | 8.9 | <input type="text"/> |
| | Age 18+ - CY 2012 - 2013 | 30.8 | <input type="text"/> |
| 3. 30-day Use of Other Tobacco Products | Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products] ^[1] ?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (snuff, chewing tobacco, pipe tobacco). | | |
| | Age 12 - 17 - CY 2012 - 2013 | 6.5 | <input type="text"/> |
| | Age 18+ - CY 2012 - 2013 | 10.1 | <input type="text"/> |
| 4. 30-day Use of Marijuana | Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days. | | |
| | Age 12 - 17 - CY 2012 - 2013 | 7.5 | <input type="text"/> |
| | Age 18+ - CY 2012 - 2013 | 6.8 | <input type="text"/> |
| 5. 30-day Use of Illegal Drugs Other Than Marijuana | Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug]? ^[2] Outcome Reported: Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, stimulants, hallucinogens, inhalants, prescription drugs used without doctors' orders). | | |
| | Age 12 - 17 - CY 2012 - 2013 | 4.1 | <input type="text"/> |
| | Age 18+ - CY 2012 - 2013 | 2.4 | <input type="text"/> |

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.
[2]NSDUH asks separate questions for each illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.

Footnotes:

V: Performance Indicators and Accomplishments

Table 22 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: Perception Of Risk/Harm of Use

| A. Measure | B. Question/Response | C. Pre- populated Data | D. Approved Substitute Data |
|--|---|---------------------------------|--------------------------------------|
| 1. Perception of Risk From Alcohol | Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk. | | |
| | Age 12 - 17 - CY 2012 - 2013 | 74.7 | <input type="text"/> |
| | Age 18+ - CY 2012 - 2013 | 72.8 | <input type="text"/> |
| 2. Perception of Risk From Cigarettes | Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk. | | |
| | Age 12 - 17 - CY 2012 - 2013 | 90.4 | <input type="text"/> |
| | Age 18+ - CY 2012 - 2013 | 91.6 | <input type="text"/> |
| 3. Perception of Risk From Marijuana | Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk. | | |
| | Age 12 - 17 - CY 2012 - 2013 | 72.4 | <input type="text"/> |
| | Age 18+ - CY 2012 - 2013 | 62.7 | <input type="text"/> |

Footnotes:

V: Performance Indicators and Accomplishments

Table 23 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: Age of First Use

| A. Measure | B. Question/Response | C. Pre- populated Data | D. Approved Substitute Data |
|--|---|---------------------------------|--------------------------------------|
| 1. Age at First Use of Alcohol | Source Survey Item: NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of alcohol.risk. | | |
| | Age 12 - 17 - CY 2012 - 2013 | 13.6 | <input type="text"/> |
| | Age 18+ - CY 2012 - 2013 | 17.0 | <input type="text"/> |
| 2. Age at First Use of Cigarettes | Source Survey Item: NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of cigarettes. | | |
| | Age 12 - 17 - CY 2012 - 2013 | 13.2 | <input type="text"/> |
| | Age 18+ - CY 2012 - 2013 | 15.9 | <input type="text"/> |
| 3. Age at First Use of Tobacco Products Other Than Cigarettes | Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product] ^[1] ?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of tobacco products other than cigarettes. | | |
| | Age 12 - 17 - CY 2012 - 2013 | 14.1 | <input type="text"/> |
| | Age 18+ - CY 2012 - 2013 | 19.3 | <input type="text"/> |
| 4. Age at First Use of Marijuana or Hashish | Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of marijuana or hashish. | | |
| | Age 12 - 17 - CY 2012 - 2013 | 14.1 | <input type="text"/> |
| | Age 18+ - CY 2012 - 2013 | 18.0 | <input type="text"/> |
| 5. Age at First Use of Illegal Drugs Other Than Marijuana or Hashish | Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [other illegal drugs] ^[2] ?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of other illegal drugs. | | |
| | Age 12 - 17 - CY 2012 - 2013 | 12.9 | <input type="text"/> |
| | Age 18+ - CY 2012 - 2013 | 20.0 | <input type="text"/> |

[1]The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.

[2]The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.

Footnotes:

V: Performance Indicators and Accomplishments

Table 24 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: Perception of Disapproval/Attitudes

| A. Measure | B. Question/Response | C. Pre- populated Data | D. Approved Substitute Data |
|--|--|---------------------------------|--------------------------------------|
| 1. Disapproval of Cigarettes | Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving. | | |
| | Age 12 - 17 - CY 2012 - 2013 | 89.8 | <input type="text"/> |
| 2. Perception of Peer Disapproval of Cigarettes | Source Survey Item: NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove. | | |
| | Age 12 - 17 - CY 2012 - 2013 | 87.8 | <input type="text"/> |
| 3. Disapproval of Using Marijuana Experimentally | Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving. | | |
| | Age 12 - 17 - CY 2012 - 2013 | 79.5 | <input type="text"/> |
| 4. Disapproval of Using Marijuana Regularly | Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving. | | |
| | Age 12 - 17 - CY 2012 - 2013 | 79.5 | <input type="text"/> |
| 5. Disapproval of Alcohol | Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving. | | |
| | Age 12 - 17 - CY 2012 - 2013 | 87.5 | <input type="text"/> |

Footnotes:

V: Performance Indicators and Accomplishments

Table 25 - Prevention Performance Measures - Employment/Education; Measure: Perception of Workplace Policy

| A. Measure | B. Question/Response | C. Pre- populated Data | D. Approved Substitute Data |
|-----------------------------------|---|---------------------------------|--------------------------------------|
| Perception of Workplace Policy | Source Survey Item: NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests. | | |
| | Age 18+ - CY 2012 - 2013 | 39.6 | <input type="text"/> |
| | Age 12 - 17 - CY 2012 - 2013 | | <input type="text"/> |

Footnotes:

V: Performance Indicators and Accomplishments

Table 26 - Prevention Performance Measures - Employment/Education; Measure: Average Daily School Attendance Rate

| A. Measure | B. Question/Response | C. Pre- populated Data | D. Approved Substitute Data |
|--------------------------------------|---|---------------------------------|--------------------------------------|
| Average Daily School Attendance Rate | Source: National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at http://nces.ed.gov/ccd/stfis.asp . Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100. | | |
| | School Year 2012 | | <input type="text"/> |

Footnotes:

V: Performance Indicators and Accomplishments

Table 27 - Prevention Performance Measures - Crime and Criminal Justice; Measure: Alcohol-Related Traffic Fatalities

| A. Measure | B. Question/Response | C. Pre- populated Data | D. Approved Substitute Data |
|------------------------------------|---|---------------------------------|--------------------------------------|
| Alcohol-Related Traffic Fatalities | Source: National Highway Traffic Safety Administration Fatality Analysis Reporting System Measure calculation: The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100. | | |
| | CY 2013 - 2014 | | <input type="text"/> |

Footnotes:

V: Performance Indicators and Accomplishments

Table 28 - Prevention Performance Measures - Crime and Criminal Justice; Measure: Alcohol and Drug Related Arrests

| A. Measure | B. Question/Response | C. Pre- populated Data | D. Approved Substitute Data |
|---------------------------------------|---|---------------------------------|--------------------------------------|
| Alcohol- and Drug- Related Arrests | Source: Federal Bureau of Investigation Uniform Crime Reports Measure calculation: The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100. | | |
| | CY 2014 | | <input type="text"/> |

Footnotes:

V: Performance Indicators and Accomplishments

Table 29 - Prevention Performance Measures - Social Connectedness; Measure: Family Communications Around Drug and Alcohol Use

| A. Measure | B. Question/Response | C. Pre- populated Data | D. Approved Substitute Data |
|---|--|---------------------------------|--------------------------------------|
| 1. Family Communications Around Drug and Alcohol Use (Youth) | Source Survey Item: NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No] Outcome Reported: Percent reporting having talked with a parent. | | |
| | Age 12 - 17 - CY 2012 - 2013 | 55.8 | <input type="text"/> |
| 2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17) | Source Survey Item: NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs? ^[1] [Response options: 0 times, 1 to 2 times, a few times, many times] Outcome Reported: Percent of parents reporting that they have talked to their child. | | |
| | Age 18+ - CY 2012 - 2013 | | <input type="text"/> |

[1]NSDUH does not ask this question of all sampled parents. It is a validation question posed to parents of 12- to 17-year-old survey respondents. Therefore, the responses are not representative of the population of parents in a State. The sample sizes are often too small for valid reporting.

Footnotes:

V: Performance Indicators and Accomplishments

Table 30 - Prevention Performance Measures - Retention; Measure: Percentage of Youth Seeing, Reading, Watching, or Listening to a Prevention Message

| A. Measure | B. Question/Response | C. Pre- populated Data | D. Approved Substitute Data |
|---------------------------------|---|---------------------------------|--------------------------------------|
| Exposure to Prevention Messages | Source Survey Item: NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] ^[1] ?" Outcome Reported: Percent reporting having been exposed to prevention message. | | |
| | Age 12 - 17 - CY 2012 - 2013 | 88.1 | <input type="text"/> |

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context having been exposed to prevention message.

Footnotes:

V: Performance Indicators and Accomplishments

Table 31-35 - Reporting Period - Start and End Dates for Information Reported on Tables 31, 32, 33, 34, and 35

Reporting Period Start and End Dates for Information Reported on Tables 33, 34, 35, 36 and 37

Please indicate the reporting period (start date and end date totaling 12 months by the State) for each of the following forms:

| Tables | A. Reporting Period Start Date | B. Reporting Period End Date |
|--|-----------------------------------|---------------------------------|
| 1. Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity | 1/1/2013 | 12/31/2013 |
| 2. Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity | 1/1/2013 | 12/31/2013 |
| 3. Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention | 1/1/2013 | 12/31/2013 |
| 4. Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention | 1/1/2013 | 12/31/2013 |
| 5. Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies | 10/1/2012 | 9/30/2013 |

Question 1: Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

Missouri used the MDS and manual data collection systems.

Question 2: Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

Missouri collected and recorded a participant's race through the MDS system and manual collection process. Participants who were more than one race were reported either under a single race or "race not known or other" - the state does not use more than one race category.

Footnotes:

V: Performance Indicators and Accomplishments

Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

| Category | Total |
|--|--------|
| Age | |
| 0-4 | 409 |
| 5-11 | 5591 |
| 12-14 | 14135 |
| 15-17 | 22035 |
| 18-20 | 4298 |
| 21-24 | 3649 |
| 25-44 | 22041 |
| 45-64 | 15061 |
| 65 and over | 1724 |
| Age Not Known | 209089 |
| Gender | |
| Male | 37105 |
| Female | 46158 |
| Gender Unknown | 214769 |
| Race | |
| White | 64243 |
| Black or African American | 11017 |
| Native Hawaiian/Other Pacific Islander | 491 |
| Asian | 0 |
| American Indian/Alaska Native | 0 |
| More Than One Race (not OMB required) | 0 |

| | |
|--|--------|
| Race Not Known or Other (not OMB required) | 222281 |
| Ethnicity | |
| Hispanic or Latino | 3739 |
| Not Hispanic or Latino | 294293 |

Question 1: Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

Missouri used the MDS and manual process data collection system.

Question 2: Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

Missouri collected and recorded a participant's race through the MDS and a manual collection process. Participants who were more than one race were reported either under a single race or "race not know or other" - the state does not use more than one race category.

Footnotes:

The "Not Hispanic or Latino" group includes 224,288 whose ethnicity is unknown and 70,005 who are not Hispanic or Latino.

V: Performance Indicators and Accomplishments

Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

| Category | Total |
|--|---------|
| Age | |
| 0-4 | 0 |
| 5-11 | 76775 |
| 12-14 | 238415 |
| 15-17 | 236799 |
| 18-20 | 247160 |
| 21-24 | 349356 |
| 25-44 | 1529083 |
| 45-64 | 1614139 |
| 65 and over | 340538 |
| Age Not Known | 0 |
| Gender | |
| Male | 2295544 |
| Female | 2336721 |
| Gender Unknown | 0 |
| Race | |
| White | 3921244 |
| Black or African American | 573818 |
| Native Hawaiian/Other Pacific Islander | 0 |
| Asian | 104875 |
| American Indian/Alaska Native | 32328 |
| More Than One Race (not OMB required) | 0 |

| | |
|--|---------|
| Race Not Known or Other (not OMB required) | 0 |
| Ethnicity | |
| Hispanic or Latino | 169277 |
| Not Hispanic or Latino | 4462988 |

Footnotes:

V: Performance Indicators and Accomplishments

Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention

Number of Persons Served by Individual- or Population-Based Program or Strategy

| Intervention Type | A. Individual-Based Programs and Strategies | B. Population-Based Programs and Strategies |
|-----------------------|---|---|
| 1. Universal Direct | | N/A |
| 2. Universal Indirect | N/A | |
| 3. Selective | | N/A |
| 4. Indicated | | N/A |
| 5. Total | 0 | 0 |

Footnotes:

Missouri is opting out of this form.

V: Performance Indicators and Accomplishments

Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention

1. Describe the process the State will use to implement the guidelines included in the above definition.

Missouri utilizes the Strategic Prevention Framework model to implement the four guidelines. The process includes: assessment of the community needs and readiness; capacity building to mobilize and address the needs of the community; development of a prevention plan to identify the activities, programs, and strategies necessary to address the needs; implementation of the prevention plan; and, evaluation of the results to achieve sustainability and cultural competency. Missouri identifies appropriate strategies based on validated research, empirical evidence of effectiveness, and the use of local, state, and federal key community prevention leaders such as National Prevention Network and SAMHSA's Center for Substance Abuse Prevention. The Division of Behavioral Health ultimately determines whether or not a chosen intervention falls under the parameters of the guidelines.

2. Describe how the State collected data on the number of programs and strategies. What is the source of the data?

Missouri collects data on the number of programs and strategies through a combined electronic and manual collection process utilizing monthly progress and fidelity reporting forms.

Table 34 - SUBSTANCE ABUSE PREVENTION Number of Evidence-Based Programs and Strategies by Type of Intervention

| | A. Universal Direct | B. Universal Indirect | C. Universal Total | D. Selective | E. Indicated | F. Total |
|--|---------------------------|-----------------------------|--------------------------|-----------------|-----------------|-------------|
| 1. Number of Evidence-Based Programs and Strategies Funded | 322 | 354 | 676 | 100 | 0 | 776 |
| 2. Total number of Programs and Strategies Funded | 322 | 354 | 676 | 100 | 0 | 776 |
| 3. Percent of Evidence-Based Programs and Strategies | 100.00 % | 100.00 % | 100.00 % | 100.00 % | | 100.00 % |

Footnotes:

V: Performance Indicators and Accomplishments

Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies

| | Total Number of Evidence-Based Programs/Strategies for IOM Category Below | Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies |
|--------------------|---|--|
| Universal Direct | Total # 322 | \$ 3116202.00 |
| Universal Indirect | Total # 354 | \$ 612857.00 |
| Selective | Total # 100 | \$ 1971784.00 |
| Indicated | Total # 0 | \$ |
| | Total EBPs: 776 | Total Dollars Spent: \$5700843.00 |

Footnotes:

V: Performance Indicators and Accomplishments

Prevention Attachments

Submission Uploads

| | | | |
|--|----------------------|--|---------------------------------------|
| FFY 2014 Prevention Attachment Category A: | <input type="text"/> | <input type="button" value="Browse..."/> | <input type="button" value="Upload"/> |
| <div></div> | | | |

| | | | |
|--|----------------------|--|---------------------------------------|
| FFY 2014 Prevention Attachment Category B: | <input type="text"/> | <input type="button" value="Browse..."/> | <input type="button" value="Upload"/> |
| <div></div> | | | |

| | | | |
|--|----------------------|--|---------------------------------------|
| FFY 2014 Prevention Attachment Category C: | <input type="text"/> | <input type="button" value="Browse..."/> | <input type="button" value="Upload"/> |
| <div></div> | | | |

| | | | |
|--|----------------------|--|---------------------------------------|
| FFY 2014 Prevention Attachment Category D: | <input type="text"/> | <input type="button" value="Browse..."/> | <input type="button" value="Upload"/> |
| <div></div> | | | |

| |
|-------------|
| Footnotes: |
| <div></div> |